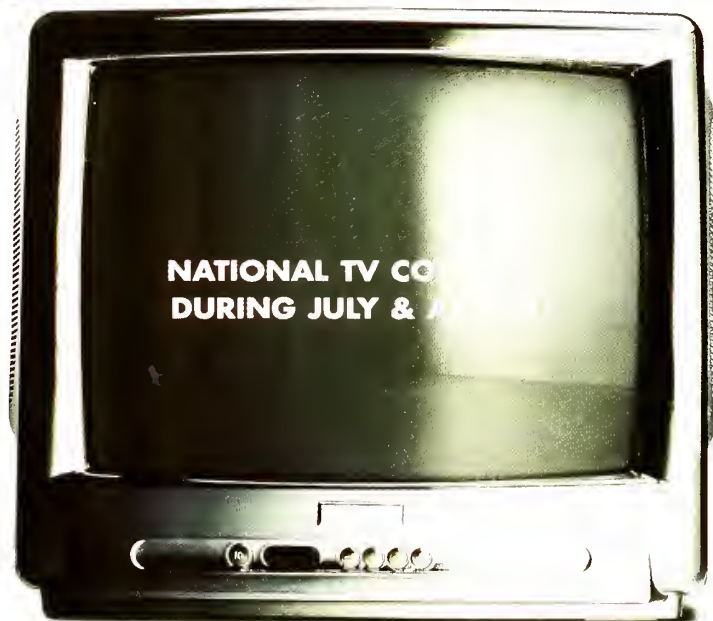


CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

FLOOD WARNING



EXPECT A TIDAL WAVE OF CUSTOMERS AS NUROFEN HITS THE SCREEN. SO, STOCK UP AND DISPLAY THE ENTIRE RANGE. THEN, PREPARE FOR A FLOOD OF NEW SALES.



NUROFEN

THE NO.1 ANALGESIC BRAND IN PHARMACY*



CROOKES HEALTHCARE

*Source: AGB Superpanel £MAT Mar '96

6 July 1996

PHS launches an expanded service

Tesco to exploit 'neighbourhood' ruling

Welfare milk scheme revived in Birmingham

Update: the travel bug – managing malaria

Sports medicines: the top performers



Boots invests £300m to target local demands

New wholesale co-op to service Borders region

Online at <http://www.dotpharmacy.com/>



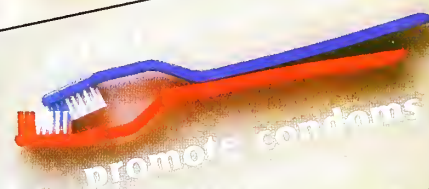
Not all men
are built the same . . .

. . . which is why our
condoms aren't . . .



Do you know who makes the
most surgical, medical and
industrial gloves and
condoms in the World?

Only 5% of people
regard condoms as
fun to use



Do you know who has
been making condoms
since 1906?

Improved fit gives
better sensitivity



To give your customers more
choice please contact:
Sutherland Health Ltd
Rivermead, Pipers Way
Thatcham, Berks RG19 4EP
Tel: 01635 874488 Fax: 01635 877622

Ansell is the largest
dipped latex products
manufacturer in the
World, and makes Mates
Condoms

Mates

Boots the Chemists' managing director, Steve Russell, claimed this week that: "Boots has greater ability to exploit retailing infrastructure than any other competitor." The company this week has unveiled a \$300 million programme (see p27) which all too clearly demonstrates the growing gap between a large multiple that can afford to invest in its future and a cash-starved independent sector fighting for a decent return from its major customer – the Department of Health. In developing seven different store formats, Boots is using computer technology to erode a trading advantage long held by independent retailers – the ability to gear product mix to local needs and to provide a more personalised service. There are now 12 million users of Boots' Medilink patient record cards. The company has given fair warning that it intends to use the system – or similar smart card technology – to capture repeat dispensing business from GP surgeries. Its plans to develop the self-medication market by targeting 45 per cent of people who are non-treaters and the 20 per cent who prefer to visit their GP for minor ailments will sit well with the OTC industry. If Boots is successful in its ambitions, the company may well be moving into its own 'New Age'. With a \$34m promotional budget this year and \$22m spent on new product design, Boots is intent on fighting competition from the grocery sector with new edge of town stores and grabbing as much healthcare business as it can with 240 new small shops. While the solid support Boots is putting behind the campaign to preserve RPM on medicines is to be welcomed (even though the company has made it clear it will be a winner either way), for the independent pharmacist, with a shrinking share of the toiletries market, the major competition in the future looks ever more likely to come from the large pharmacy multiples.

CHEMIST & DRUGGIST

Editor Patrick Grice, MRPharmS

Assistant Editor Maria Murray, MRPharmS

News Editor Marianne Mac Donald, MRPharmS

Technical Editor Fawz Farhan, MRPharmS

Beauty Editor Joanne Webb

Business Editor Guy L'Aimable, BA

Contributing Editor Adrienne de Mont, MRPharmS

Reporter Charles Gladwin MRPharmS

Art Editor Tony Lamb

Production Editor Vanessa Townsend, BA

Price List Colin Simpson (Controller)
Darren Larkin, Maria Locke

Advertisement Manager Julian de Bruxelles

Assistant Advertisement Manager Doug Mytton

Display Advertisement Executives

Martin Calder-Smith, Nick Fisher

Production Jenny Catt

Publisher Ron Salmon, FRPharmS

Publishing Director Roger Murphy

Chemist & Druggist incorporating Retail Chemist & Pharmacy Update

Published Saturdays by
Miller Freeman Professional Ltd
Sovereign Way, Tonbridge, Kent TN9 1RW
Telephone 01732 364422
Telex 95132 MILFRL G
Fax 01732 361534

E-Mail: chemdrug@dotpharmacy.com
Internet site:
http://www.dotpharmacy.com/

Subscriptions: Home, £115 per annum
Overseas & Eire £165 per annum
including postage
£2.40 per copy (postage extra)

Circulation and subscription: Royal
Sovereign House, Beresford Street,
London SE18 6BO Tel 0181 855 7777

Refunds on cancelled subscriptions will
only be provided at the publisher's
discretion, unless specifically
guaranteed within the terms of
subscription offer

The editorial photos used are courtesy
of the suppliers whose products they
feature

un Miller Freeman
A United News & Media publication



CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

VOLUME 247 No 6042 136th YEAR OF PUBLICATION ISSN 0009-3033

PHS launches expanded health promotion service 4

Having won its recent DoH tender, PHS is to build on its activities

Tesco plans to exploit 'neighbourhood' ruling 4

Tesco puts in contract applications based on new court ruling

Birmingham revives welfare milks scheme 5

Birmingham's pharmacy milks scheme meets with LPC approval

Boots defends dispensing GPs in appeal on pharmacy contract 5

Boots sides with GPs in north Humberside dispensing row

Asda cashing in on consumer appeal in fight against RPM 6

Is the issue of 'value for money' overshadowing other dangers?



Update: the mosquito's fatal attraction i-viii

Dealing with malaria, plus the first in a major
new series on responding to symptoms OTC

Fever pitch 19

As the sports' season starts, so do the injuries

US pharmacists bring class action on pricing policies 25

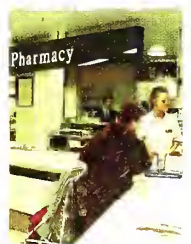
Arguments over manufacturers' pricing are coming to a head

Boots to spend \$300m on healthcare 27

Boots intends to target people who suffer
in silence rather than buy OTC medicines

Wholesale co-operative to begin in Borders 28

Over 70 pharmacists have signed up



REGULARS

Practice to People Award 7 **Sign up to Counterpart** 18

Northern Ireland Notebook 8 **Letters** 26

Topical Reflections 8 **Business News** 27

Prescription Specialities 10 **Classified Advertisements** 29

Counterpoints 12 **Business Link** 30

NBA Board Report 17 **About People** 34

PHS launches expanded health promotion service

The Pharmacy Healthcare Scheme is introducing new services following its successful tender for Department of Health monies for health promotion through pharmacies.

"Winning the three-year tender," says the scheme's vice chairman, Colette McCreedy, "has allowed us to build on the activities already in existence, which will help build on the pharmacist's role in health promotion."

As well as producing a minimum of eight leaflets a year, PHS will also supply pharmacists with additional campaign information, such as posters, information sheets and booklets, and a twice-yearly newsletter. A leaflet re-ordering service will be available with a nominal £2.50 handling charge to cover postage and packing.

The PHS will also target health authority purchasers by offering a catalogue of its services and a disk library of the leaflets available to ease access.

It will also undertake an evaluation programme involving pharmacist questionnaires for every leaflet and campaign and a questionnaire for decision-makers.

Plans to develop the health promotion arena in pharmacy will be based on the recommendations of two groups: one comprising pharmaceutical advisers and health authority decision-makers, which will devise a model for progressing community pharmacy-based health promotion; the second, communication experts who will try and produce a solution to the barriers of health promotion in pharmacy. The outcome will be subject to pharmacy peer review.

The final thrust is to set up centres of excellence by encouraging pioneer pharmacists to advise their colleagues.

The scheme will operate through pharmacies in England, Wales and Northern Ireland; negotiations are under way to bring Scotland on board.

The leaflet programme for the rest of the year is: care of the elderly (July), medication and the elderly (September), depression and the elderly (October), safer sex 'cover up' and contraception for teenagers (December), healthy lifestyles for a healthy heart (January) and no smoking: lung cancer (February/March).

The aim is to fund five of the leaflets with DoH money and the rest through sponsorship. The scheme is looking for the latter from companies and other bodies.

Labour U-turn on scripts

The Tories poured scorn on Labour's U-turn on prescription charges, in advance of the publication of Labour's policy paper 'Road to the manifesto'.

In a spoof manifesto published by deputy prime minister, Michael Heseltine, the Tories ridicule a number of Labour policy retreats, including its earlier commitment to increase exemptions from prescription charges.

"Labour's opposition to prescription charge increases suggests they would like to abolish these charges – to do so would cost the NHS \$300 million," claims the Tories.

Labour is not expected to mention pharmacy in its mini-manifesto.

NPA call system

The National Pharmaceutical Association has installed a new telephone system. Extension numbers to note are: information services (470) and the sales office (469).

Pharmacy NVQ launch

A new National Vocational Qualification in pharmacy has been set up by City & Guilds.

Expected to start in September, the NVQ is aimed at pharmacy and dispensing technicians, but is suitable for anyone who works within community or hospital pharmacy.

The NVQ comprises mandatory and optional units covering dispensing procedures and stock control, as well as dealing with patients.

Details can be obtained from City & Guilds customer services enquiries unit on 0171 294 2800.

Tesco planning targets 'neighbourhood' ruling

Tesco is using the recent High Court ruling on what constitutes a neighbourhood in its application to open several new pharmacies (*C&D* June 1, p753).

Pharmacy superintendent Mike Rudin says: "We have applied for a contract at Wilmslow and have also placed a number of other applications under Justice Tucker's ruling."

The judge ruled that a shopping centre can be considered a neighbourhood, entitled to be served by its own pharmacy in a

test case brought by Boots the Chemists.

The ruling is "one of the most interesting decisions to come out of the High Courts in a long time", says Mr Rudin. He is keen to see where the limits of definition of neighbourhood are drawn and what the ruling of 'necessary and desirable' means.

The judge's decision has come shortly before new Department of the Environment guidelines on town planning, which were published last week. The Govern-

ment's first objective outlined in 'Planning Policy Guidance', revised June, 1996, is "to sustain and enhance the vitality and viability of town centres".

Although not binding, the guidelines ask local authorities to "encourage appropriately-sized, local supermarkets and seek to retain post offices and pharmacies in existing district and local centres and discourage their inclusion in out of centre retail developments by imposing appropriate conditions".

DoH backs rural rate proposal

The Department of Health has backed a Pharmaceutical Services Negotiating Committee proposal that rural pharmacies should be eligible for business rate relief.

The PSNC's rural practices standing committee chairman, David Plumb, says: "This is a big boost for our effort to ensure that, like village post offices and general stores, rural pharmacies are recognised as a vital part of village life and deserve to be exempted from the full force of business rates."

The Department of Environment published a consultation

paper in May, setting out details of a proposed rate relief scheme for village shops, with no mention of pharmacy.

PSNC has responded, stating that pharmacies should be included in the mandatory rate relief scheme with a population threshold of 5,000 rather than the 3,000 suggested in the paper, which may prevent some pharmacies from qualifying for relief.

The National Pharmaceutical Association, at its June Board meeting, also called on the DoE to offer rural pharmacies mandatory relief and asked for a doubling of the threshold.

Concern over new script form

The phasing in of the new prescription forms is causing Avon Local Pharmaceutical Committee concern over possible ambiguity with prescription charges.

The revamped form includes the declaration "I do not have to pay the charge because the patient ... is being given no-charge contraceptives". Avon LPC member Margaret Hook fears this does not make it clear to patients that only the contraceptive is free from charge.

She is concerned about the possibility that patients with both non-chargeable and chargeable items on the same form will

think they are exempt not only from the contraceptive but also from the script fee.

As a result, the LPC is to take legal advice on the wording.

The Pharmaceutical Services Negotiating Committee's assistant secretary, Stephen Axon, has raised the matter with the DoH.

He says the Department's advice in this case is "to ensure the exempt portion is signed and that the prescription is included in the no-charge bundle". However, he adds that it appears that the DoH's intention is to get patients to sign both the paid and exempt declarations.

Birmingham welfare milks scheme resurrected

Birmingham Health Authority has reintroduced its pharmacy welfare milks scheme, two years after the Local Pharmaceutical Committee advised its members to withdraw from it following a pay dispute.

This time round, the service meets with LPC approval. "The welfare scheme through pharmacy proved very popular and was convenient for patients. We are very happy to offer it again through pharmacies," says LPC chairman John Nicholls.

The new deal offers the 106 participating pharmacies a £200 annual fee, provided the pharmacist and one counter assistant attend a training session; plus \$0.50 for every infant formula tin distributed to Birmingham residents; and \$0.10 for those given to non-residents. Pharmacists will be reimbursed on a monthly basis, with any savings accrued fed back to contractors.

Mr Nicholls believes the scheme is unique in that the HA will supply all stock, meaning

pharmacists will not be out of pocket.

The decision to restart the scheme was made for two reasons, says the HA's commissioning manager, Anne Wanklin. "We wanted to get as wide an access for users as possible and pharmacists were a good outlet for providing welfare milks and advice."

In addition to this, new Department of Health reimbursement levels required the situation to be re-addressed.

50 per cent mark-up for private scripts

Most pharmacists charge a 50 per cent mark-up on the cost of drugs on private prescriptions, reveals a Numark survey.

Most of the 40 members surveyed instituted a minimum charge, ranging from \$3.50-\$5.50, with an average of around \$4.25, while half charged a dispensing fee as well as a mark-up on the cost of the drugs. This fee ranged from \$1 to \$3, although the latter only operated a 10 per cent mark-up.

As a result of these responses, Numark vice chairman, Peter Marshall, proposes the following pricing structure: a dispensing fee of \$2.75 coupled with an on-cost of 33 per cent. An alternative option would be a 50 per cent mark-up with a minimum fee of \$3, or a 50 per cent mark-up with \$2.75 dispensing fee.

Changes to Schedule 4

Schedule 4 of the Misuse of Drugs Act has been split into two parts. The new Part I comprises a list of anabolic and androgenic steroids and derivatives, an adrenoceptor stimulant and polypeptide hormones. These become subject to control under the Misuse of Drugs Act 1971.

The controls are the same as for drugs currently contained in Schedule 4 (now Schedule 4 Part II), except that Schedule 4 Part I drugs are not exempt from the prohibition on import or export in Section 3 of the Act, but the application of offences arising from the prohibition is excluded where the import or export is for personal use.

The Misuse of Drugs (Amendment) Regulations 1996 (SI no 1597, HMSO, \$1.10) come into force on September 1.

Boots defends dispensing GPs in appeal

Boots the Chemists has defended the pharmaceutical service provided by dispensing doctors in an appeal over a pharmacy application in north Humberside.

East Riding Health Authority granted a contract to Kingsway Pharmacies in Bridlington to open a pharmacy in the village of Flamborough, some four miles away, in February.

Boots has appealed against the HA's decision on the grounds that "although a pharmaceutical service is not provided from pharmacy premises, a pharmaceutical service is being provided by dispensing doctors and the Bridlington chemists".

Dr Watson and partners' surgery in Bridlington, which also has a branch surgery in

Flamborough, dispenses for patients living in the latter. In addition, for the past two years, six of the pharmacies in Bridlington have offered collection and delivery services for Flamborough patients on a monthly rota basis.

However, Paul Bulmer, senior administrator at the HA, says "the service the doctors provide would not be compared with the service provided by pharmacists with regard to regulation 1(4)".

Mr Bulmer adds that the Authority "would not normally consider a delivery service the proper provision of a pharmaceutical service".

Notably, Boots opposed the HA's decision to grant Dr Wat-

son's practice dispensing rights back in 1993, stating that "the pharmaceutical service provided by a pharmacist, as opposed to a doctor, is a full and dedicated service".

East Riding Local Pharmaceutical Committee secretary David Newton says he is astonished at Boots' action: "I can't see any gain for Boots."

John Crump of Kingsway Pharmacies is similarly "surprised" with his competitor's stance.

Boots' comment was extremely guarded: "The appeal process is currently in progress and, as this is a confidential matter, the information should be available to the Health Authority and other directly-interested parties only."

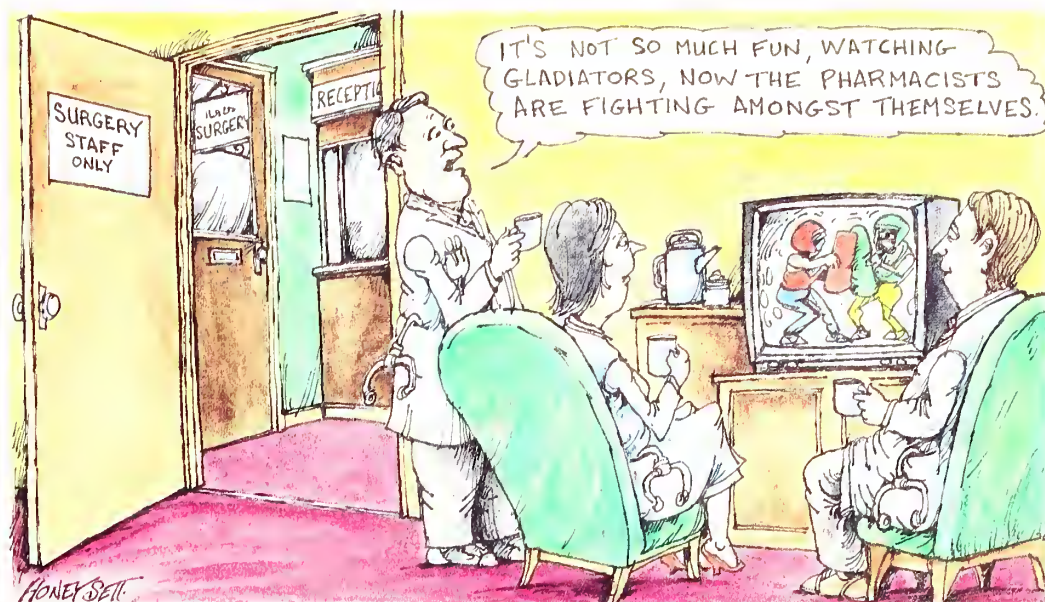
Six seats up for grabs on NI Council

Six seats will fall vacant on the Pharmaceutical Society of Northern Ireland's Council this autumn.

Candidates whose term of office will expire on October 1 are: John Crawford, Terry Hannawin, William Hunter, Dr Terry Maguire, Catherine O'Rourke and William Woodside.

Nominations for seats must be lodged with the PSNI secretary at least 28 days before the first Monday in October.

● The PSNI's Council approved 35 applications for registration as students at its June meeting. Dr Peter William Wardlow was restored to the register.



Cashing in on consumer appeal

As the arguments for and against Resale Price Maintenance rumble on, the issue of 'value for money' medicines seems to have overshadowed the far greater dangers of the general public using medicines inappropriately, warns a leading pharmacist

Not content with waiting for the result of the Office of Fair Trading investigation into the case for Resale Price Maintenance, the chief executive of Asda, Archie Norman, has again been grabbing the headlines by reducing the price of Anadin Paracetamol by 50 per cent, and then removing it from the shelves as "not offering consumers value for money" when Whitehall Laboratories issued an injunction to force the company to reinstate the official price.

There was a claim that the half-price offer was selling at 'cost'. This, in itself, is instructive, since mutterings within pharmacy say this implies that Asda is able to purchase price-maintained GSLs at up to 20 per cent below the best purchase price available to pharmacy wholesalers! No wonder Mr Norman thinks the profits are excessive. Asda's own paracetamol retails at 24p for 24 tablets. Of course, a penny a tablet represents real value for money – death in a packet for less than the price of a first class stamp.

The issue of medicines safety is not one which has received much attention in the national press. Mark Lawson in *The Guardian* is one of the few commentators to have his finger on the pulse, but his reasoning was not matched in the pages of pharmacy's old friend, the *Daily Mail*, which weighed in with a 'Chemists cashing in on your pain' article by the free marketer Simon Heffer, whose argument is that pharmacists should not be protected from the "stiff gales of commercial reality". For

good measure, that includes competition for dispensing from 'cheaper' GPs.

The absence of the medicines safety issue from the debate is perhaps understandable; the basis for the defence of RPM is the likely effect on small pharmacies of its abolition – which was the issue at the heart of the case for retention before the Restrictive Practices Court in 1970. But the profession should not shy away from making the safety argument, which, in fairness, it did not in its response to the *Daily Mail* attack.

Even Asda appears to have recognised the issue when arguing the case for removing RPM; it has now dropped references to the increase in book sales, which it claimed was the result of its successful attack on the net book agreement. The kind of books sold by Asda are unlikely to make the A Level English reading list, but the point it was trying to make was clear: cut the price of medicines and more will be sold.

But medicines are not like bananas, or tins of beans, or even books. More can be positively dangerous, and decisions on medicines purchases should not simply revolve around price for anything other than the kind of things you have around at home in the first aid box.

By all means the RPM strategy group should concentrate on the dangers implicit for small pharmacies (and the dependent population that use their local community pharmacy) if the likes of the grocery multiples, with their massive advertising budgets, are able to promote cut-price GSLs.



However, in this year of the New Age, there must be a message, too, for the general public: pharmacists, and assistants using sales protocols, aim to sell you the most appropriate medicine for your condition, and that any medicine, used inappropriately, can cause harm.

The Department of Health, through the Medicines Control Agency, is responsible for promoting the safe use of medicines through their proper regulation. Pharmacists will not need reminding that decisions on the legal classification of medicines are based on an assessment of efficacy and the safety profile of the ingredients. Further restrictions may be added as to the indications for which a particular medicine may be available for use over the counter. Given its pivotal role in the system, one has to wonder what part the Department of Health is playing in the RPM debate.

The 'gross profit' on the provision of NHS pharmaceutical services continues to decline as pharmacies turn around more and more prescriptions (themselves worth more each year – 8 per cent more in each of the last two years) for a share of a pot which is expanding by inflation or thereabouts. One might, therefore, be forgiven for feeling cynical if, in spite of the protestations

of ministers that they like pharmacists really, the Department was to support RPM, not on public health grounds – medicines are not Smarties, and should not be treated as if they were – but on financial grounds. By allowing pharmacists to keep a reasonable margin on OTC medicines, this enables the Department to screw the profession down through the global sum for NHS pharmaceutical services. After all, the public pay for OTCs, the Treasury meets the bill.

One cannot really blame Mr Norman for attempting to break RPM. As the man credited with turning an ailing Asda round, he is on a roll. Publicity is important in keeping the customers coming in through the doors, particularly since his group is now the only one of the big four grocery chains without a loyalty card. There is also the small matter of the launch of his own expanded own-label medicines range to promote.

One wonders, however, where his zeal for attacking "unreasonable profits" among the lines he stocks will stop – perhaps he plans to forego the huge mark-up on greetings cards, or take a careful look at the price of bottled water. And, you never know, the call-out charge for the Asda emergency plumbing service could be just a fiver ...

From Practice to People

Is the professional service you offer from your pharmacy moving with the times? If you can relate how you are forging links with other healthcare workers, the Glaxo Wellcome/*Chemist & Druggist* Community Pharmacy Award offers you an opportunity to win a major prize

Win a major prize



GlaxoWellcome

CHEMIST & DRUGGIST
THE JOURNAL FOR PHARMACEUTICALS

The way primary care is delivered is changing fast. The demarcation lines between the health professions are breaking down and community pharmacy practice is adapting to the changes local purchasing is bringing.

With this in mind, we want you to tell us how you are forging links with other health professionals to the benefit of patients, others in the primary care team and your own business.

You can enter the award if you practise as a community pharmacist anywhere in the UK. You should explain, in an essay of



The 'Practice to People' Awards reward pharmacists whose inter-professional links deliver results and patient benefits

The rules

1 Entry is open to any pharmacist on the Register of the Royal Pharmaceutical Society of Great Britain or the Pharmaceutical Society of Northern Ireland, and who practises in the UK.

2 The winning three entries as determined by the judges will be offered the opportunity to attend a major conference or recognised business management course with all expenses paid. No cash alternative will be offered.

3 The closing date for entries is July 31, 1996. The Award winners will be announced in *Chemist & Druggist* on November 9. Individual winners will be notified by post by October 10.

4 The entry form below must accompany an essay of up to 1,000 words setting out how and why the entrant considers the professional liaison developed by her or his pharmacy practice has improved healthcare provision to patients; benefited the business; and improved inter-professional links.

Practice leaflets, patient literature, photographs and other supporting material may be submitted with the entry.

5 Entries should be typed or printed.

6 The entry and supporting material may be used editorially within *Chemist & Druggist*. C&D cannot give an absolute guarantee that entries will be returned in their entirety, although every effort will be made to do so.

7 Winning entrants should be prepared to write an article for publication of up to 1,000 words on the conference/-business course/study tour they attend.

8 The decision of the judges is final. No correspondence will be entered into.

1,000 words, how the liaison you have forged was conceived, how it operates and the benefits it delivers.

The following examples may serve as a guide to pharmacists wishing to enter:

- you may be liaising regularly with your local GP practice to provide prescribing advice or diagnostic services
- you may be co-operating with

hospital pharmacists over medication for patients when they are discharged

- you may operate clinics, eg for diabetics, or offer services in conjunction with other health workers.

You may include practice leaflets, other relevant literature and photographs to support your entry and illustrate an aspect of the service you offer.

The closing date for entries is July 31, 1996.

The judges

Entries will be judged by a panel of five judges. Glaxo Wellcome's Dr Maureen Devlin and *C&D*'s editor, Patrick Grice, will be joined by:

- **Ian Carruthers**, chief executive of Dorset Health Commission
- **Georgina Craig**, who is the head of professional development at the National Pharmaceutical Association
- **Gill Hawksworth**, a community pharmacist and member of the Council of the Royal Pharmaceutical Society.

The prizes

The opportunity to attend one of the major conferences or management courses listed below will be offered to the three winning entries.

- FIP 1997
- Career Management Course (Raeburn & Keslake)
- Managing Teams (Management Centre Europe)
- Managing People (Management Centre Europe)
- Strategic Decisions (Ashridge Management Centre)
- ASHP Annual Meeting '96, San Diego, US.

Please complete the entry form below and attach it to the front of your entry. Send the complete entry to 'From Practice to People', *Chemist & Druggist*, Miller Freeman Professional, Miller Freeman House, Sovereign Way, Tonbridge, Kent TN9 1RW.

Name.....

Registered Address.....

Pharmacy Address (if different from above).....

.....Postcode.....Telephone.....

Prizes in order of preference:

1.....

2.....

3.....



Topical Reflections

Home visits – a proven benefit

Probably the most important future role for the community pharmacist is extending the pharmaceutical services we offer ambulatory clients to the housebound.

It has now been irrevocably demonstrated that pharmaceutical domiciliary services are a cost-effective use of NHS resources and do improve the quality of care. What has not yet been established is a framework of payments, but when the domiciliary visit is offered it is assumed by the recipient to be a service paid for by the NHS. To the patient and carer what could be more natural than for the pharmacist to come to the patient when they are unable to attend the pharmacy?

What is as clear as day to the client becomes a fog of prevarication and indecision when the Department of Health is asked for funding. At the moment, I can only afford to visit the most needy cases and feel frustrated by the knowledge that so many others could benefit.

Domiciliary services cannot be allowed to develop from the present haphazard unpaid

system, but from a properly structured needs assessment programme, involving pharmacy, medicine and social services. Here is a golden opportunity to truly involve the pharmacist in an active primary healthcare team directly improving the healthcare of clients. Here is pharmacy answering all the criticisms of our political leaders in producing an evidence-based service, but when those questions are so irrefutably answered, where are the resources to affect the change? The silence is deafening!

Capitation fee not the right answer

I agree with Alan Maynard, health economist at York University, that pharmacists are the key to capitalising on the potential cost-savings of POM to P switches (*C&D* June 29, p900), but I do not agree that a capitation system of payment will provide the answer.

Often the major consideration for a customer purchasing an OTC medicine is its price relative to the perceived health benefit, balanced against the inconvenience of having to obtain the same medicine on prescription.

I have never been an advocate of prescription tax, but I do accept that free prescriptions produce an unnecessary demand for medical services. The public should be encouraged to take greater responsibility for its own medication, but, in order for this change to achieve an actual reduction in the use of medical services, people must

be encouraged to use their local pharmacy in preference. At the moment, the balance is weighed heavily in favour of going to the doctor, and paying pharmacists by capitation will do little to affect this equation.

The pressure has to be financial as well as educational, and I believe that rapid progress will not be made until the act of visiting a doctor involves a positive financial consideration. The charge for the use of NHS facilities has to be levied at the point of use and widely applied. Only then will sufficient numbers of patients reconsider their decision to use the doctor in preference to the pharmacist. Only then will the economics of selling medicines be sufficient to achieve a reduction in unnecessary medical consultations.

Go public!

It is now four weeks since I criticised Lilly for discontinuing Distaclor capsules 250mg in favour of the MR tablets, without automatically offering community pharmacists dead stock compensation. Despite the company's public silence, I understand that individual applications for compensation are being met with the promise of a representative visit and an exchange of stock for MR tablets.

I am pleased to learn that Lilly is prepared to fulfil its obligations, but regret that this offer was not made in its original letter. Lilly should now make it public that full compensation will be made and that all pharmacists will receive a courtesy visit from a representative to expedite any problems. If this should strain manpower resources, then for an agreed fee I am sure all the wholesalers would be happy to co-operate!

Way down south

The news that Boots has finally decided to venture onto the High Street in the Republic of Ireland is surprising only in the time it has taken it to do so.

Until now, Boots' absence in the Republic was based on a number of valid concerns. Firstly, employment legislation in Eire is more employee-friendly than in the UK. Secondly, any UK-based company might attract unfavourable political attention should the situation in Northern Ireland turn sour. Thirdly, the Prague Amendment must also have been of concern, and I will be interested to see how Boots deals with this.

The Prague Amendment was introduced as part of the Free Movement Directive for pharmacists. Concerns by some countries, including the Republic, that the introduction of free movement would mean an influx of foreign pharmacists spilled over into

The Prague Amendment needs to be scrapped

this bizarre piece of legislation. Due to the Amendment, a pharmacist who registers in another European country via the Free Movement Directive is not allowed to open a new pharmacy or to buy, or even practise in, a pharmacy that has been opened for less than three years.

Unlike most European countries, but in common with the UK, a body corporate may own a pharmacy in the Republic, which clearly makes a nonsense of the Amendment. This means that Boots can open a new pharmacy, whereas I cannot.

However, having done this, Boots will have to staff the pharmacy with pharmacists trained and registered in the Republic. This will create initial management problems since UK pharmacy managers will be unable to practise in their new stores.

The Amendment needs to be scrapped as its only use in the Republic is to restrict Irish pharmacists who are trained in the UK from practising in their home country. A few years ago, this was challenged in the Irish High Court by a number of young Irish pharmacists who used the European Free Movement Directive to return home after attending university in the UK. They lost and the appearance of Boots might prompt many Irish pharmacists to ask what purpose this Amendment served.

Written by a practising Northern Ireland community pharmacist.

THERE'S NO MORE EFFECTIVE COMBINATION THAN MYCIL AND CLOTRIMAZOLE.

Mycil Gold Clotrimazole contains 1%
clotrimazole, one of the most effective athlete's
foot treatments available.

And with your customers' confidence in
the Mycil brand name, your recommendation
will be reassuring as well as effective.

So next time you're looking for a
treatment that's effective in more ways than one,
remember Mycil Gold.

It'll soon show athlete's foot a clean
pair of heels.



There's no better recommendation for persistent athlete's foot

Product Information: Mycil Gold Clotrimazole

Topical antifungal cream containing 1% clotrimazole. **Use:** Broad-spectrum antifungal cream for the treatment of athlete's foot and other fungal infections such as dhotie itch, intertrigo, fungal nappy rash and ringworm. **Contra-indications:** hypersensitivity to any of the ingredients. **Precautions:** Do not use in or near eyes. Not recommended for use in

pregnancy and lactation. **Dosage:** Apply to the affected area thinly and evenly 2-3 times daily

Side-effects: Rarely, mild, transient burning or irritation after applying the cream

Packaging quantities: 20g tube P (in box) RSP: £2.99. PL: 10622/0004 **Licence**

Holder: Dommon Pharma Ltd., Haslemere, Surrey GU27 1JH

Manufactured by: Laleham Healthcare Ltd., Alton, Hants GU34 2QR



CROOKES
HEALTHCARE

SCRIPTspecials

Epipen prices

The prices for Epipen Auto-Injector and Epipen Jr Auto-Injector carried in last week's *C&D* are effective from July 8. **ALK (UK). Tel: 01734 313200.**

Tagamet liquid

Smithkline Beecham has gained approval for Tagamet Dual Action Liquid to be prescribed for heartburn and associated acid reflux on FP10 (200ml, £2.83). A new 600ml 'prescription pack' will be introduced later this year. **Smithkline Beecham Consumer Healthcare UK. Tel: 0181 560 5151.**

Depo-Provera

Depo-Provera has been repackaged in a pre-filled syringe containing 150mg medroxyprogesterone acetate in 1ml. The new packs have been introduced because they offer greater convenience and dosage accuracy compared to the previous 1ml vial. Prices have been maintained as before. **Pharmacia & Upjohn Ltd. Tel: 01908 661101.**

Eporex extends options

Janssen-Cilag has received approval to extend its licence for Eprex (epoetin alfa) to include treatment of anaemia in patients who are undergoing platinum-based chemotherapy.

Clinical studies have shown that Eprex corrects anaemia in such patients and may eliminate the need for blood transfusions. In another study, only 20 per cent of patients treated with Eprex

needed transfusions compared to 56 per cent on placebo, and those who did need transfusions only required a few units of blood.

The frequency of blood transfusions in cancer patients ranges from 12 to 20 per cent. Eprex has been found to be well tolerated in trials.

Janssen-Cilag Ltd. Tel: 01494 567567.

Autoletlite diabetic kit

Owen Mumford has launched Autoletlite, a new blood sampling kit for diabetics to use as part of their blood glucose monitoring routine.

The portable kit, which slips into the pocket, contains the Autoletlite lancing device; a choice of three colour-coded platforms for different penetration settings; and ten Unilet Universal Comfortouch lancets. Also included is a handy glucose

tablet box and a diabetes identification card.

Owen Mumford believes the kit, with its different platform settings, is ideal for newly-diagnosed diabetics who are trying to establish a comfortable sampling technique and for those looking to swap from an old device.

It retails at \$6.55 (excluding VAT).

Owen Mumford Ltd. Tel: 01993 812021.

Clinifeed renamed

Clintec has received approval from the Advisory Committee on Borderline Substances to change the name of Clinifeed Favour to Clinifeed 1.0. The liquid is available in 375ml cans (basic NHS price £1.80) and 500ml Dripacs (£2.60). **Clintec Nutrition Ltd. Tel: 01753 550800.**

Generic allopurinol

APS Berk has launched generic allopurinol 100mg in 500-tablet packs (basic NHS price £25). **Berk Pharmaceuticals. Tel: 01132 380099.**

Granuflex to Duoderm

All sizes of Convatec Granuflex Extra Thin have been renamed Duoderm Extra Thin to conform with European brands. The products have been repackaged and will carry the CE logo as a guarantee of meeting European standards.

Convatec Ltd. Tel: 01895 628400.

Slow Sodium shrinks ...

Slow Sodium pack sizes have been reduced from 500 tablets to 100 tablets (basic NHS price £0.55). **Ciba Pharmaceuticals. Tel: 01403 272827.**

... as Hypotears grows

Hypotears eye drops are now available in 15ml packs, instead of 10ml, priced £1.09 (basic NHS). **Ciba Vision Ophthalmics. Tel: 01489 7775542.**

Mivacron dose

Mivacron (mivacurium chloride), the short-duration non-depolarising neuromuscular blocking agent, has been given more accurate and simpler dosage instructions. The recommended adult dose is now 0.2mg/kg Mivacron administered as a bolus dose over 30 seconds, which provides roughly 20 minutes of neuromuscular blockage. Each subsequent 0.1mg/kg of the drug gives an additional 15 minutes of blockage.

Glaxo Wellcome UK. Tel: 0181 990 9000.

Monuril Paediatric

Pharmax is discontinuing Monuril Paediatric (fosfomycin trometamol 2g). The adult variant is unaffected. **Pharmax Ltd. Tel: 01322 550550.**

MEDICAL MATTERS

Sunscreens – a false sense of security

Although sunscreens are highly effective at preventing sunburn, their role in preventing skin cancer is debatable.

Writing in the *British Medical Journal*, Dr Jane McGregor, senior lecturer in dermatology at St Thomas' Hospital, London, said the marketing of sunscreens gave people a misleading impression that it was safe to stay out in the sun for longer. The fact that they protected against sunburn did not directly relate to protection against skin cancer. She points out that all photoprotection is lost if sunscreens are used to prolong sun exposure to the

maximum achievable by the sun protection factor.

UVB is the main cause of non-melanoma skin cancer. There has been evidence to suggest that sunscreens that protect against sunburn may also protect against malignant and non-malignant lesions. However, the cancer protection factor may be lower than their sunburn protection factor.

People generally regarded sunscreens as health rather than cosmetic products, with most claiming an interest in the photoprotective action of the sunscreen against sunburn and skin cancer than its ability to give a good tan.

Cost of asthma fuels treatment guidelines

The rising cost of asthma is the major force behind the development of treatment guidelines, according to Datamonitor's latest report.

The annual cost of asthma in the UK stands at over \$1 billion, of which prescription costs totalled \$391.9 million in 1994. Between 10 and 20 per cent of practice budgets are taken up by the cost of asthma medicines and the proportion of patients in a given practice being treated for

asthma is about 11 per cent.

However, hospitalisation took the biggest slice of the total cost of asthma, reaching \$462.9m. One hospital stay costs as much as four years of treatment of an average asthma patient in primary care.

This rising cost of asthma has forced the introduction of protocols as a means of controlling costs. Additional costs include lost work days.

Datamonitor. Tel: 0171 625 8548.

HRT and breast cancer development

Women who develop breast cancer during hormone replacement therapy have a better chance of survival than those who are not taking it, according to the *British Medical Journal*.

The five-year study investigated all post-menopausal women with invasive breast cancer attending the University Hospital of South Manchester. Tumour grade was considered together with other prognostic indices, such as tumour size and axillary node metastases, to predict survival.

HRT users had better differentiated and better grade tumours than non-users, giving reduced mortality. It was found that better grade tumours developed even with combined HRT, which is normally associated with an increased risk of breast cancer.

The researchers conclude that although breast cancer risk has been linked with long-term use of HRT, its use while the patient is suffering from breast cancer is unlikely to affect mortality adversely. Therefore, HRT after breast cancer treatment should not be denied if post-menopausal symptoms warrant it.

pain relief

+

protection

=

healing

No other mouth ulcer treatment works like Bioral Gel.

Carbenoxolone

Most mouth ulcer treatments offer only pain relief. Bioral Gel has a unique formulation which helps to speed the healing of mouth ulcers as well as relieving the pain.



Bioral is a thick setting gel which forms a protective layer over the ulcerated area. It reduces inflammation and does not sting when applied.

So for pain relief, protection and healing, always recommend Bioral.

PRESENTATION: Gel containing Carbenoxolone Sodium BP 2.0% w/w. **USES:** Treatment of mouth ulcers. **DOSAGE AND ADMINISTRATION:** Adults and children: Apply thickly after meals and at bedtime, allowing gel to remain on ulcer as long as possible. For buccal administration only. **CONTRAINDICATIONS, WARNINGS, ETC.** **Contraindications:** Hypersensitivity. **Precautions:** Use additional appropriate therapy if lesion is infected. Review diagnosis and treatment if ulcer has not healed within three weeks. **Interactions:** None known. **USE IN PREGNANCY AND LACTATION:** Use only on doctor's advice. **ADVERSE REACTIONS:** None known. **LEGAL CATEGORY:** P. **RETAIL PRICE:** 5g £3.55. **LICENCE NUMBER:** PL0071/5904. **LICENCE HOLDER:** SmithKline Beecham Consumer Healthcare, Brentford TW8 9BD U.K. **DATE OF PREPARATION:** April 1996. Bioral is a trademark.

SB SmithKline Beecham

COUNTERpoints

For severe headache take Hedex Ibuprofen

Smithkline Beecham is supporting Hedex Ibuprofen with a £1 million TV advertising campaign to run until the end of the month.

The advertisement will focus on the brand as being the only specifically targeted product for sufferers of bad headaches.

As a result of consumer research, SB believes customers will buy Hedex Ibuprofen for severe headaches and continue to use main brand products for more minor ailments.

Smithkline Beecham Consumer Healthcare UK.
Tel: 0181 560 5151.

Efalex introduced to retail trade

Zyma Healthcare is distributing Efalex, a nutritional supplement formulated to help dyslexics.

Efalex was launched by Efamol on a mail order basis last year, with the claim that it helped maintain eye and brain function for the 5 per cent of the population believed to be affected by dyslexia.

Efalex contains the essential lipids GLA (gamma-linolenic acid), DHA (docosahexaenoic acid), EPA (eicosapentaenoic acid) and AA (arachidonic acid); evening primrose oil; vitamin E; and thyme oil.



A \$300,000 national advertising campaign will support the launch.

Efamol's managing director, Michael Barber, says the move to make

Holland & Barrett.

Pregnant and lactating women, and those under medical supervision should consult their doctor before taking Efalex Essential Lipid Supplement.

It is available in two pack sizes: one month's supply of 56 capsules (\$7.99) and a four-month supply of 240 capsules for young children and two-month maintenance for adults (\$24.95).

A full range of point of sale material can be obtained from Zyma Healthcare representatives.

Zyma Healthcare. Tel: 01306 742800.

Efalex available comes following pressure from High Street stores, including Boots, Lloyds and

Dalivit multivitamin drops for kids

Eastern Pharmaceuticals is launching a campaign for Dalivit once a day multivitamin drops for children, along with new packaging and pack sizes.

Dalivit drops contain seven essential vitamins that children need for good health, including vitamins A, B, B1, B2, B6, C and D2.

The drops (25ml, \$2.70 and 50ml, \$1.60) come with a built-in dropper for counting out an exact

dose onto children's food. The ingredients contain no artificial colours or preservatives. An introductory offer gives a 20 per cent discount on the NHS price.

A consumer PR campaign in women's magazines, and the mother and baby press will highlight the benefits of giving children a daily vitamin intake.

Eastern Pharmaceuticals Ltd. Tel: 0181 569 8174.



Life is easier for mums on the move

The Nappytape Company has introduced a new product range called Mums on the Move.

The range consists of the Nappy Travel Pack and the Babyfood and Bottle Warmer, two products to solve the problems faced by a mum when she is out and about.

The Nappy Travel Pack (£3.99) comes in three sizes – Midi, Maxi and Junior – and is small enough to fit into a handbag or pocket. It contains two nappies, two nappy bags, wet wipes, barrier cream, Nappytape – and in-car sticker.

The Babyfood and Bottle Warmer (£12.99) heats up food or milk without water or electricity. The warmer comes complete with bottle, dispensable bib and weaning spoon, and can be used anywhere.

The range is being supported through advertising and advertorials in baby magazines, sampling offers on cover mounts and subscriber packs, and mail shots.

The Nappytape Co Ltd. Tel: 01494 439352.

Aquafresh makes its TV comeback

Smithkline Beecham's Aquafresh toothpaste is making a TV comeback in a £750,000 advertising campaign.

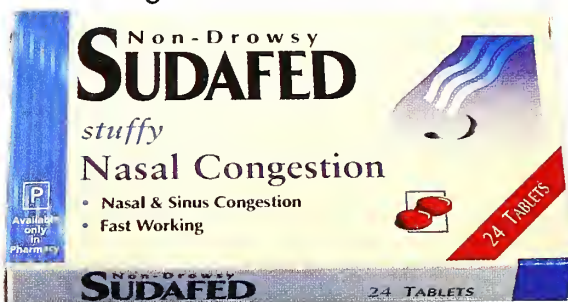
Set to strengthen the brand's 10.5 per cent share in the £273 million toothpaste market, the advertisement is now showing nationally until

the end of the month.

"Aquafresh sales have achieved uplifts of up to 12.2 per cent in prior advertising campaigns," says Frances Nunneley, SB senior product manager.

Smithkline Beecham Consumer Healthcare UK.
Tel: 0181 560 5151.

Sudafed gets a brand-new look



Sudafed's top-selling tablet pack is receiving a make-over this month with a new pack design.

The new 24-pack (\$2.99) will be phased in from this month and the remainder of the range will benefit from a redesign later in the year.

According to Nielsen (MAT March/April, 1996), Sudafed's sterling brand share (tablets and liquids)

of the \$14.3 million oral decongestant market has increased from 34 per cent (MAT March/April, 1995) to 37.2 per cent.

Sudafed's sterling share of the total decongestant market has also increased from 18.7 to 20.2 per cent over the same period.

Warner Wellcome Consumer Healthcare.
Tel: 01703 641400.

Imperial Leather cares for men

Cussons UK is extending the Imperial Leather brand with the introduction of a new 'Active Care For Men' range of 'skin-friendly toiletries'.

The launch is targeting women as purchasers in a £650,000 media campaign, as it is still invariably the female partner who does the toiletry shopping.

Each product contains allantoin to protect the skin and is suitable for men with sensitive skin. The range consists of: protective shave foam (200ml, £1.49); protective shave gel (200ml, £2.19); protective aftershave lotion (100ml, £6.49); anti-perspirant deodorant (150ml, £2.19); deodorant bodyspray (150ml, £2.19); and shampoo and body-wash (200ml, £1.99).

Support for the launch will begin on August 5 with advertising in women's titles and two key magazines (yet to be confirmed) over a period of four months.

Cussons (UK) Ltd. Tel: 0161 491 8000.

La Source takes a clean approach to skin care

Crabtree & Evelyn is introducing a collection of three fragrance-free body care products. The range includes:

- Moisturising Glycerine Soap (125g, \$2.95), a cleansing bar which contains 35 per cent glycerine
- Moisturising Body Wash (250ml, \$6.50), a pH-balanced cleansing formula containing vitamin B complex and glycerine
- Soothing Body Lotion (250ml, \$7.50), formulated with non-oily emollients and vitamin E to moisturise and hydrate the skin.

La Source Fragrance Free is targeted at the 25-45-year-old age group and women with sensitive skin. The range is fragrance-, oil-,

alcohol- and colour-free, and claims to provide an alternative for women who prefer a neutral cleanser and moisturiser.

The products are transparent and have added moisturisers and conditioners, vitamin E, glycerine and vitamin B complex.

Crabtree & Evelyn. Tel: 0171 603 1611.



Getting more of a 'Buz' for sports

Santo Products has been appointed distributor to pharmacy for the 'Buz' range of advanced sports drinks and foods.

The manufacturers claim the natural ingredient products are ideal for diabetics and are used by sports people.

The 'Buz' range consists of:

- Iso-Buz, an orange electrolyte drink for fluid replacement during exercise (available in cases of 4 x 450g tubs, each giving 15 x 500ml servings and retailing at £8.99)

- Pro-Buz, a performance drink with added minerals, amino acids and creatine (cases of 6 x 780g tubs,

each retailing at £17.99)

- Maxi-Buz, a total meal replacement in strawberry or vanilla flavours (available in 6 x 1kg tubs, each providing 26 servings and retailing at £24.99)

- Pro-Buz Energy Bar, a high-energy food bar in banana or coconut flavours (available in boxes of 24 x 65g bars, £1.29 each).

Sponsorship of Olympic athletes Tessa Sanderson, John Maycock and Denise Lewis, major sporting events and in-store promotions will be used to support the brand.

Santo Products Ltd. Tel: 0181 381 2536/952 0668.



40% Market Share

Imodium is the profitable choice for pharmacies and it's growing. It pays you to check it out.

Imodium

Can stop diarrhoea with one dose



Quasimodo feedware makes meal-times exciting

To coincide with the Disney film 'The Hunchback of Notre Dame', Jackel International has introduced a range of feedware for children.

It includes a melamine mug, bowl and plate, as well as tumblers, lunch box, sandwich box, placenta, thermal flask and juice canteen. Retail prices start at \$1.79 for the larger plastic sports bottle.

Also available is a new Carousel Canteen, where the outer wall moves round to reveal the film's leading characters in the

windows (\$6.99), and a boxed gift set (\$7.99), comprising a bowl, plate, tumbler and tambourine. Jackel International Ltd. Tel: 0191 250 1864.



Rouge Incorruptible is a touch of genius

Christian Dior has launched the first non-transfer lip colour.

Rouge Incorruptible is a stay-true lipstick that remains on the lips. It contains pigments combined with ingredients that evaporate on application, fixing the lip colour.

The lipstick has a perfume-free texture, enriched with emollient and hydrating agents with a soothing liquorice extract.

There are eight no-transfer shades: two reds, two fuchsias,

two browns and two frosted pinks.

Available from September 4, the lipstick (£13.50) is packaged in a airtight applicator-vial and has a fine-tipped brush applicator. The brush is activated by clicking the dispenser several times until the tip is filled with colour. The lipstick can be used to outline and colour in the lips and should be left to set for about three minutes. Parfums Christian Dior (UK) Ltd. Tel: 01273 515021.

Arret promotes holiday health

Johnson & Johnson is introducing new display material for Arret, with brightly-coloured graphics featuring blue skies, sun, sea and palm trees.

A three-dimensional window display aims to promote holiday healthcare sales. The unit headlines the question 'Have you remembered your holiday insurance?' and can be used as a basis of a display featuring a



selection of travel health essentials: suntan preparations, insect repellent and travel sickness prevention.

An Arret counter display promotes a 'holiday insurance' theme and carries a checklist to remind shoppers of the holiday healthcare items in the pharmacy.

Support for the brand includes advertising in the national press, plus promotions in women's weeklies and on radio.

Johnson & Johnson MSD Consumer Pharmaceuticals. Tel: 01494 450778.

Vantage follows sanpro trend

Four new lines are being introduced into the Vantage sanitary protection range, reflecting trends to more absorbent, more comfortable and slimmer products.

New to the range are Panty Shields, Ultra-specification Panty Liners and Applicator and Digital tampons.

The updated range also includes a new drawstring bag for Standard Night-time in packs of ten and outers of 12 (instead of 21). Packs of 30 Panty Shields replace Mini Pads.

Press On Towels are now available only in 11s for the regular variant, and 12s for the super. Ultra Thin Towels with Wings have also been reduced to 14s (regular) and 12s (super). Ultra Panty Liners are now in 20s.

AAH Pharmaceuticals Ltd. Tel: 01928 717070.



Carnation Footcare celebrates 75 years

Cuxson Gerrard has launched a 75th anniversary advertising campaign for Carnation Footcare.

David Wain, UK sales and marketing manager, says, "The brand is committed to continue the research and development of

new and existing products, from product design to point of sale."

The campaign features the brand's longest-established product, Corn Caps.

Cuxson Gerrard & Co Ltd. Tel: 0121 544 7117.

Beauty on a budget by Rimmel

Rimmel is introducing a new range of cosmetics to cater for the budget-conscious consumer.

The product range consists of:

- Cover Silk (30ml, £2.29), a fragrance-free foundation containing moisturisers and silk protein in shades of pale biscuit, oatmeal beige, medium peach, warm honey and soft almond
- Eye Spy (£1.59), a single eye-shadow compact in 12 shades

- Lash Flatterer Mascara (£2.30, black/dark brown), a rich, fibre-packed mascara

- Fashion Plus Lipstick (£1.55), a moisturising formulation, in a push-up format and 24 shades
- Cream Blush (£2.20), a cream blush, combining fine powders that give a hint of sheer creamy colour in three shades.

Rimmel International Ltd. Tel: 01233 625076.

ON TV NEXT WEEK

Alberto-Culver V05 styling range: STV, C, A, HTV, C4, satellite

Alka-Seltzer: GMTV, C4, satellite

Andrews: All areas

Aquafresh toothpaste: All areas

Bazuka: C, CAR

Centrum: C4

Colgate-Palmolive Soft & Gentle: All areas

Colpermin: M

Dettol antiseptic pain relief spray: All areas except CTV, C4 & TSW

Gentle Touch: All areas

Hedex Ibuprofen: All areas

Macleans Bicarbonate of Soda toothpaste: All areas

Mum Botanicals: All areas except CTV

Nicotinell gum (trial pack): STV, B, G, Y, HTV, LWT, TT, C4

Nurofen: All areas

Odoreaters: Y, HTV, W, TT

Oil of Ulay: All areas

Pantene: All areas except GMTV

Predictor: CAR

Rimmel: All areas except U

The Wrigley Company/Sugar Free Brands: All areas

Toepedo: BSkyB

Total: All areas

Wella Experience: All areas except CTV

Wrigley's Orbit (Improved): All areas

GTV Grampian, **B** Border, **BSkyB** British Sky Broadcasting, **C** Central, **CTV** Channel Islands, **LWT** London Weekend, **C4** Channel 4, **U** Ulster, **G** Granada, **A** Anglia, **CAR** Carlton, **GMTV** Breakfast Television, **STV** Scotland (central), **Y** Yorkshire, **HTV** Wales & West, **M** Meridian, **TT** Tyne Tees, **W** Westcountry

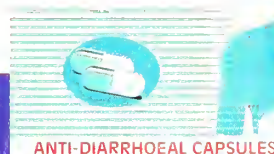
CHEMIST & DRUGGIST 6 JULY 1996

Number One

Imodium continues to put more cash into pharmacy tills. It pays you to check it out.

Imodium

Can stop diarrhoea with one dose



ANTI-DIARRHOEAL CAPSULES

NEW



*Now available
without prescription
through Pharmacy*



With a Focus on Pharmacy...

-  *Comprehensive counter assistant training programme*
-  *Pharmacy orientated support package*
-  *Rewarding margin*

*Now available from your wholesaler
or call Whitehall Customer Services on 01628 669011 ext. 4306.
Or contact your local Whitehall Representative for further details.*

* Trade Mark

Whitehall Laboratories, Huntercombe Lane South, Taplow, Maidenhead, Berkshire, SL6 0PH

WHITEHALL

NPA to research manpower problem

The National Pharmaceutical Association is to research the apparent shortage of pharmacists available to work as managers or locums in community pharmacy.

Board members agreed in the NPA's June meeting that more information was needed to clarify the situation. The Association is to organise a telephone survey to ascertain members' experiences of recruiting community pharmacists.

Late payment The director reported that he had received a reply to his letter to the prime minister on late payment.

The PM's reply, written by the NHS Executive, stated that the present system of remuneration compensated contractors for the extra costs incurred as a result of the repayment timetable. A change to the timetable – for example, to a one-month repayment period – would mean less borrowing costs for contractors and this, the reply hinted, would mean that remuneration levels would need to be reassessed accordingly.

The NPA is to counter with parliamentary lobbying, details to be decided in July.

Pre-registration split year The Board was concerned to learn of reports that the Society was still considering a split pre-registration year. It agreed that a letter be sent to the Society setting out, once again, the NPA's strong opposition.

Doctor dispensing The Board agreed to a request from the PSNC for a contribution towards the

recent Cribbs Causeway judgment, in which the High Court granted a contract to a Boots' store situated in a large shopping centre. The court ruled that when considering contract applications a 'neighbourhood' does not need to be characterised by a resident population.

The NPA wanted to highlight the difficulty to existing pharmacies if the latest interpretation of 'neighbourhood' were adopted.

Ageing Well initiative Board members were pleased to learn that the joint NPA/Merck Sharp & Dohme PR initiative, Ageing Well, was under way.

The initiative, managed by Age Concern England, involves a series of health events around the country between June and November. At each venue a 'Question Time'-style panel of local health experts will include a community pharmacist and will feature a health fair at which local pharmacists can exhibit. In some areas, 'brown bag' initiatives are being organised.

Compliance Replying to the Royal Pharmaceutical Society's document 'Partnerships in medicine taking: taking medicine to

best effect', the Board agreed to share its experience in this field. The NPA's professional development team was developing a model care plan which would identify and target those members of the community who were most at risk from non-compliance. In this model, the pharmacist would be involved in assessing an individual's compliance problem and then recommending a care plan, tailored to the patient's needs.

Local development of remuneration The Board reiterated its concern about the proposed local devolution of oxygen provision. The firm view of Board members was that the NHS should provide uniform services across the country. This could not be achieved if standards and payments varied at local level.

Branch secretaries The Board approved the appointment of the following NPA members as branch secretaries: Eric Collins (Blackburn & District), Brenda Taylor (Exeter & District), Rajnikant Pandya (West Surrey) and Grahame Rowley (Warrington & District).

More information needed to clarify recruitment situation

costs of a 'test case' to challenge the legality of doctors delegating their dispensing duties. The PSNC will be seeking judicial review of the decision, taken by the Appeal Authority in Westerham, that doctors were not obliged to do their own dispensing.

Neighbourhood ruling The NPA is to request a meeting with the Appeal Authority following the



NEW QUELLADA 

ERADICATES SCABIES, CRAB LICE + HEAD LICE

MAKE A DIFFERENCE, RECOMMEND

QUELLADA 

Liquid and cream shampoo, with malathion

STAFFORD-MILLER

DO3070 MAY 1996

Legal category: P. Product licence holder: Ultra Chemical, Tubiton House, Oldham OL1 3HS. Quellada is a registered trade mark. Further information is available from the distributor: Stafford-Miller Ltd, Broadwater Road, Welwyn Garden City, Herts. AL7 3SP.

From Practice to People

Is the professional service you offer from your pharmacy moving with the times? If you can relate how you are forging links with other healthcare workers, the Glaxo Wellcome/*Chemist & Druggist* Community Pharmacy Award offers you an opportunity to win a major prize

Win a major prize



GlaxoWellcome

CHEMIST & DRUGGIST
JULY 1996

The way primary care is delivered is changing fast. The demarcation lines between the health professions are breaking down and community pharmacy practice is adapting to the changes local purchasing is bringing.

With this in mind, we want you to tell us how you are forging links with other health professionals to the benefit of patients, others in the primary care team and your own business.

You can enter the award if you practise as a community pharmacist anywhere in the UK. You should explain, in an essay of



The 'Practice to People' Awards reward pharmacists whose inter-professional links deliver results and patient benefits

The rules

1 Entry is open to any pharmacist on the Register of the Royal Pharmaceutical Society of Great Britain or the Pharmaceutical Society of Northern Ireland, and who practises in the UK.

2 The winning three entries as determined by the judges will be offered the opportunity to attend a major conference or recognised business management course with all expenses paid. No cash alternative will be offered.

3 The closing date for entries is July 31, 1996. The Award winners will be announced in *Chemist & Druggist* on November 9. Individual winners will be notified by post by October 10.

4 The entry form below must accompany an essay of up to 1,000 words setting out how and why the entrant considers the professional liaison developed by her or his pharmacy practice has improved healthcare, provision to patients, benefited the business, and improved inter-professional links.

Practice leaflets, patient literature, photographs and other supporting material may be submitted with the entry.

5 Entries should be typed or printed.

6 The entry and supporting material may be used editorially within *Chemist & Druggist*. C&D cannot give an absolute guarantee that entries will be returned in their entirety, although every effort will be made to do so.

7 Winning entrants should be prepared to write an article for publication of up to 1,000 words on the conference/business course/study tour they attend.

8 The decision of the judges is final. No correspondence will be entered into.

1,000 words, how the liaison you have forged was conceived, how it operates and the benefits it delivers.

The following examples may serve as a guide to pharmacists wishing to enter:

- you may be liaising regularly with your local GP practice to provide prescribing advice or diagnostic services
- you may be co-operating with

hospital pharmacists over medication for patients when they are discharged

- you may operate clinics, eg for diabetics, or offer services in conjunction with other health workers.

You may include practice leaflets, other relevant literature and photographs to support your entry and illustrate an aspect of the service you offer.

The closing date for entries is July 31, 1996.

The judges

Entries will be judged by a panel of five judges. Glaxo Wellcome's Dr Maureen Devlin and C&D's editor, Patrick Grice, will be joined by:

- **Ian Carruthers**, chief executive of Dorset Health Commission
- **Georgina Craig**, who is the head of professional development at the National Pharmaceutical Association
- **Gill Hawsworth**, a community pharmacist and member of the Council of the Royal Pharmaceutical Society.

The prizes

The opportunity to attend one of the major conferences or management courses listed below will be offered to the three winning entries.

- FIP 1997
- Career Management Course (Raeburn & Keslake)
- Managing Teams (Management Centre Europe)
- Managing People (Management Centre Europe)
- Strategic Decisions (Ashridge Management Centre)
- ASHP Annual Meeting '96, San Diego, US.

Please complete the entry form below and attach it to the front of your entry. Send the complete entry to 'From Practice to People', *Chemist & Druggist*, Miller Freeman Professional, Miller Freeman House, Sovereign Way, Tonbridge, Kent TN9 1RW.

Name.....

Registered Address.....

Pharmacy Address (if different from above).....

Postcode..... Telephone.....

Prizes in order of preference:

- 1.....
- 2.....
- 3.....

entry form

Malaria

What it is and how prophylactic drugs can prevent infection /



Headache

Treating this common complaint using SCRUTINY and CARE VI

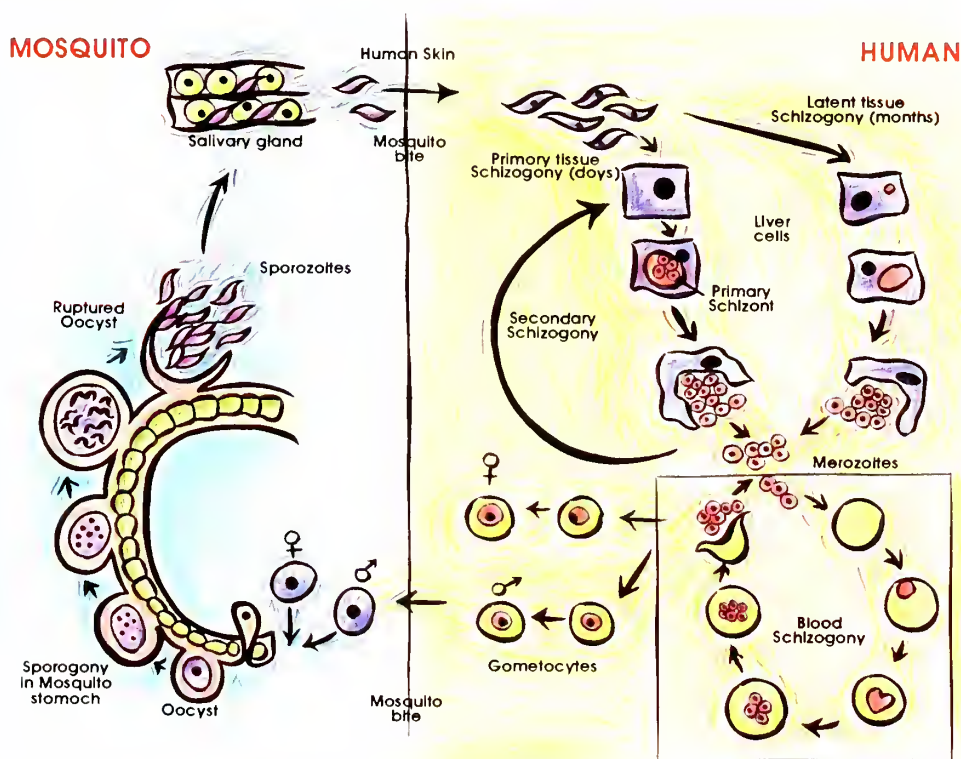


Ethical dilemma

Balancing professional services with the day to day running of a business VIII

Fatal attraction

Mosquito bites are at best irritating, at worst fatal. But with more and more people holidaying in exotic locations, taking appropriate malaria prophylaxis becomes increasingly important. **Eric LeFevre**, a Lewisham GP with a specialist interest in travel medicine, looks at how malaria can be managed



Development cycle of *Plasmodium* (vivax and ovale, not falciparum)

Malaria continues to pose a serious risk to the health of the traveller and it is essential that anyone involved in giving travel health advice is aware of the changing risks from this deadly disease.

There are more than 100 million cases of malaria every year worldwide, resulting in over a million deaths. In the UK, more than 2,000 cases of malaria are imported each year, including a growing number of cases of the potentially fatal *falciparum* strain.

The world malaria situation has deteriorated over the past

20 years as the *falciparum* parasite developed widespread resistance. We have relatively few drugs in our armoury to fight this disease and, combined with the growing resistance of the host mosquito to insecticides and an increase in the number of potential breeding sites, it has become a serious problem.

During the same period, the holidaymaker has been forsaking traditional Mediterranean destinations for more exotic and often malarious holiday spots.

Most of those who died of malaria recently had taken

inadequate or no chemoprophylaxis, though some deaths can be accounted for by delay in diagnosis.

So far this year there has been a significant rise in the number of cases of malaria compared with 1995. This is worrying and could be due to two significant factors. First, the NHS subsidy was withdrawn from antimalarial drugs last year, which may have led travellers to simply 'risk it' and do without. Second, recent media scares about antimalarial drug side-effects may have damaged compliance particularly with

THE COLLEGE OF PHARMACY PRACTICE

THIS COURSE (MODULE 20), IN ASSOCIATION WITH MULTIPLE CHOICE QUESTION BEING PUBLISHED IN C&D, AUGUST 10, PROVIDES 1 HOUR OF CONTINUING EDUCATION

OBJECTIVES

- To be aware of how malaria is contracted and spread
- To recognise the symptoms of malaria and treatment
- To be aware of the various options available for drug prophylaxis
- To understand the importance of preventing mosquito bites
- To appreciate the threat of drug resistance

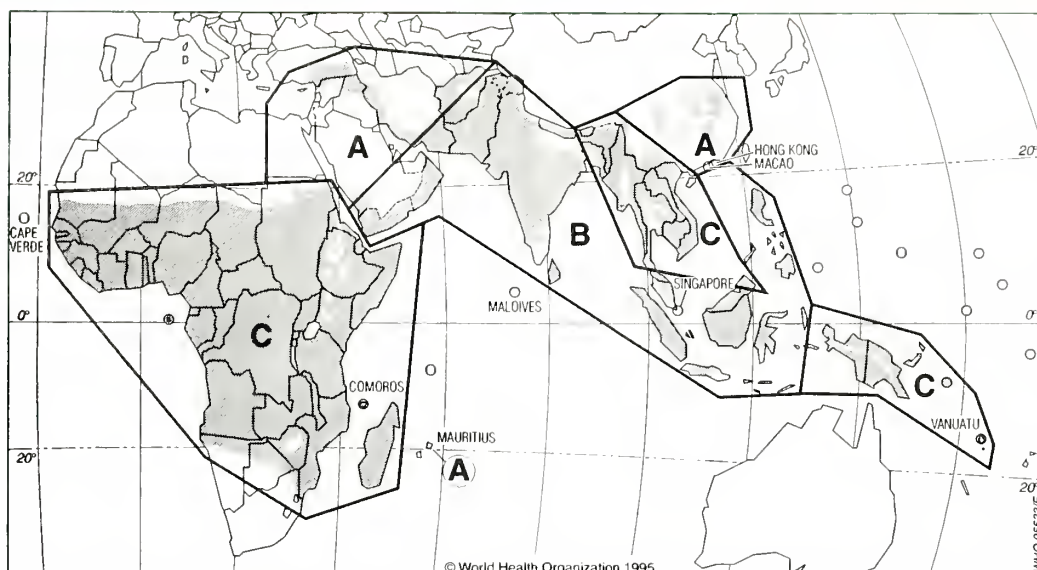
Mefloquine, the newest and now widely recommended chemoprophylactic.

What is malaria?

Malaria is a parasitic disease caused by a protozoan from the genus *Plasmodium* of which there are four human species: *P falciparum*, *P vivax*, *P ovale* and *P malariae*.

The organism splits its life-cycle between the human host and the female anopheles mosquito which feeds on blood. Malaria transmission occurs when a female mosquito inoculates sporozoites from its salivary gland into the human bloodstream. Within 30 minutes, the sporozoites travel to the liver and develop into hepatocytes inside liver cells. Seven to ten days later, new forms of merozoites are released into the blood and invade the red blood cells, where they undergo further division and development into sexual

Continued on P11 ►



Recommendations for malaria drug prophylaxis. Zone A, generally low risk; Zone B, low risk in most areas; Zone C, high risk in most areas (particularly in Africa and the Amazon basin)

Continued from P1

forms. When a mosquito bites again, these sexual forms are ingested by the insect where further development occurs to complete the lifecycle.

Although all species of *Plasmodium* have an initial liver phase, only *vivax* and *ovale* leave behind dormant forms which can lead to late relapses of malaria up to three years after exposure.

Protection against mosquito bites

- Sleep in properly screened rooms
- Use a knockdown fly spray to kill any mosquitoes that may have entered the room during the day
- Use an electric mat to vaporise synthetic pyrethroids overnight/or burn mosquito coils
- If not in air-conditioned rooms, sleep under a bednet. Protection is improved if nets are impregnated with permethrin
- Wear long-sleeved clothing and long trousers when out of doors after sunset and avoid dark colours
- Use an insect repellent containing Deet (diethyl toluamide) on exposed skin
- Clothing can also be impregnated with Deet to make it repellent
- Electronic buzzers do not work

Disease prevention

Falciparum malaria usually presents ten days after the infective bite, with flu-like symptoms, sweating, fever, aching limbs and shivering. The red blood cells at this stage may be sticking to blood vessel walls and slowing blood flow. This 'sludging' can have serious consequences and lead to renal failure or coma (cerebral malaria) with death ensuing rapidly.

Examination of the blood at this stage (microscopy of thick and thin films) will show up the parasite. However, a negative film does not exclude the diagnosis, and ill patients must be admitted to hospital. Death has occurred when patients have been dismissed with an erroneous diagnosis of flu, resulting in rapid deterioration.

Malaria is also a great mimic and may present itself as cough, diarrhoea, confusion, jaundice and even psychiatric illness. Any illness in a patient returning from a malarious area must be taken very seriously.

Treatment of infection

Malaria is a medical emergency that requires urgent hospital treatment. Drug resistance to modern synthetic drugs, such as chloroquine, is such a problem that the tried and tested original quinine is used to treat *falciparum* malaria. However, both mefloquine and halofantrine are also used. Shock, renal failure and other complications of malaria may necessitate intensive therapy nursing in some situations.

Some travellers may be visiting remote parts where prompt medical attention is impossible.

They can be provided with drugs for self-treatment. Suggested regimes are:

- 1 Quinine 600mg three times daily for a period of three days followed by three tablets of fansidar (pyrimethamine plus sulfadoxine).
- 2 Mefloquine as a single dose of 1,000mg or 15mg/kg, whichever is lower, if not used as a prophylactic.

If standby treatment is being prescribed, it is important that a patient is properly advised on signs and symptoms of malaria and how to use the drugs appropriately; there is good evidence that most patients who take their standby treatment turn out not to have malaria.

Standby treatment is not a substitute for seeking urgent medical attention.

Chemoprophylactics

The saying 'prevention is better than cure' holds very true when it comes to malaria and there are several options available.

● Chloroquine

Well tolerated but of limited use on its own because of widespread resistance, but it can be used in areas such as Central America where malaria is still sensitive. Safe, minor side-effects can include GI upset and exacerbation of psoriasis. It can be taken in pregnancy but must be used with caution in the epileptic. Long-term use is linked to retinal damage but this tends to be with the much higher doses used in rheumatoid arthritis.

● Chloroquine and proguanil

Chloroquine 300mg (as base, two tablets) weekly plus proguanil 200mg (two tablets) daily is a safe, well tolerated and efficacious regime but

PROPHYLAXIS

Pharmacists need to bear in mind the following when recommending prophylaxis:

- advice tables are often country-specific and not itinerary specific
- travellers needs may vary greatly within a country (eg Thailand: Bangkok+beach versus jungles of the north). Try to recommend a drug which takes account of urban versus rural stay
- stress the importance of starting medication at least a week before departure (helps to check tolerability/side-effects)
- stress the importance of continuing drugs for a minimum of four weeks on return
- stress the importance of reporting any illness on return to a doctor, but especially flu-like symptoms in the months following a trip
- stress the importance of measures to avoid insect bites
- when dealing with ethnic minorities, ensure they understand their immunity is rapidly lost after leaving their country of origin
- the following categories of patient need expert advice and must be referred to their doctor: epileptics, pregnant women, children, history of psychiatric illness, patients on multiple drugs. Remember the travelling population is ageing and it is not unusual to find elderly travellers with multiple other health risks visiting malarious areas.

needs strict compliance. Satisfactory for the pregnant traveller who insists on visiting a malarious area.

Proguanil is rapidly absorbed, converted to cycloguanil (the active drug) in the liver and has a short half life of six to eight hours. Good levels of protection can be achieved if used correctly but side-effects include mouth ulcers and GI disturbance. If administered in pregnancy, folate supplements are advised. It should be used with caution in renal or hepatic insufficiency.

It was recommended much more extensively in the past

Continued on P1V ►

severe and/or refractory cases of hypokalaemia. If the combination is used plasma potassium levels must be continuously monitored. Impaired renal function. Patients with severe renal impairment should not receive Amiloride Hydrochloride without careful monitoring of serum electrolytes and blood urea levels. In renal impairment use of a potassium-conserving agent may result in rapid development of hyperkalaemia. Treatment of hyperkalaemia occurs. Amiloride should be discontinued immediately and if necessary active measures should be taken to reduce potassium levels. Electrolyte imbalance and reversible blood urea increases. Hypokalaemia and hypokalaemic convulsions. Amiloride should be used with other diuretics. Reversible increases in blood urea level have been reported accompanying vigorous diuretics. Caution. Patients. Oral diuretic therapy is more frequently accompanied by side effects in patients with hepatic cirrhosis with or without ascites. In patients with pre-existing severe liver disease hepatic encephalopathy, manifested by confusion, drowsiness, tremor, ataxia, asterix, and other signs, may be precipitated by the association with diuretics, including Amiloride Hydrochloride. Overdose. Treatment. In the event of an overdose of the stomach followed by supportive symptomatic treatment and monitoring of serum electrolyte concentrations and renal function. If hyperkalaemia occurs active measures should be taken to reduce potassium levels. The plasma half-life of Amiloride is about 12 hours. Incompatibilities. None. Pharmacological precautions. Score at or below 25. Amiloride Hydrochloride Oral Solution. Product licence number 00427/0091. The product is manufactured by Rosemont Pharmaceuticals Ltd, Rosemont House, Yorkdale Industrial Park, Braithwaite Street, Leeds LS11 9XE. May 1995

New Review

ROSEMONT

Amilamont™

Amiloride HCl Oral Solution, 5mg/5ml, Sugar Free

New from Rosemont!

Potassium Sparing Oral Liquid

Now, when you have a patient who requires a potassium sparing diuretic, but finds it hard to swallow tablets, you can offer them a solution **Amilamont™**.

This is the latest addition to the Rosemont range of oral liquids, and is another unique product, being Britain's only licenced, single ingredient, potassium sparing diuretic, in oral liquid form.

Like many of Rosemont's products, **Amilamont™** is sugar free, to help protect patients' teeth, it is suitable for

diabetics and is pleasantly flavoured to keep patients happy as well as healthy.

Right Strength, Handy Size

Amilamont™ is at a strength of 5mg/5ml, making it easy to administer a standard dose*. It is available in a handy 125ml, tamper evident bottle, from all major wholesalers.

With **Amilamont™** added to the licenced liquid range, Rosemont continues to give pharmacists a top quality way to treat patients, without taking unnecessary responsibility.

*BNF March 1996



determined by the diuresis and plasma potassium level. **Hepatic cirrhosis with ascites:** Begin with a small dose of Amiloride i.e. 5mg plus a low dosage of the other diuretic agent. If necessary dosage may be increased. **Use in the elderly:** The elderly are more susceptible to electrolyte imbalance and more likely to experience hypokalaemia. Dosage should be carefully indicated according to renal function, blood electrolytes and diuretic use. **Use in children:** Amiloride should be used with caution in children. Severe hypokalaemia and abnormal liver function tests in a few chronic patients. **Use in pregnancy:** Not recommended during pregnancy. It is not known if Amiloride Hydrochloride is excreted in human milk. The mother should either stop breast feeding or stop taking the drug. **Precautions:** Diabetes mellitus. To minimise the risk of hyperkalaemia in diabetic patients, Amiloride should be used with caution. **Contraindications:** Amiloride should be discontinued for at least three days before a glucose tolerance test. **Metabolic or respiratory acidosis:** Potassium-conserving therapy should be initiated only with caution in severely ill patients in whom metabolic or respiratory acidosis may occur. Shifts in acid-base balance alter the balance of extracellular-intracellular potassium and the development of acidosis may be associated with rapid increases in plasma potassium. **Hyperkalaemia:** Has been observed in hospitalized patients with renal impairment. **Hyperkalaemia:** Has been noted particularly in the elderly and in hospital patients with hepatic cirrhosis or cardiac oedema who have known renal involvement who were seriously ill or were undergoing vigorous diuretic therapy. Neither

Plus!

Rosemont's Specials Service

Under our special licence we are able to offer you bespoke oral liquids, covering a wide range of therapeutic areas in a variety of strengths and sizes.

Naturally, the products from our Specials Service are made to full pharmaceutical standards, and are analysed and tested to ensure correct and consistent quality.

These products can be supplied in as little as 24 hours upon request.

Just call us on our FREEPHONE : LIQUIDS LINE 0800 919312

Filled with confidence!

Rosemont's new high speed production line

As Britain's oral liquid medicine specialists, Rosemont are keeping at the forefront of production technology.

Rosemont has installed a complete new filling line as part of the multi-million pound improvement to their manufacturing facilities. High speed bottle filling is combined with optimal precision to volume, ensuring that high quality liquids are processed into ready to use products with the latest technology.

Staff are sent to Germany and Italy for training in the operation and servicing of one of the most modern filling lines currently in use in the UK.

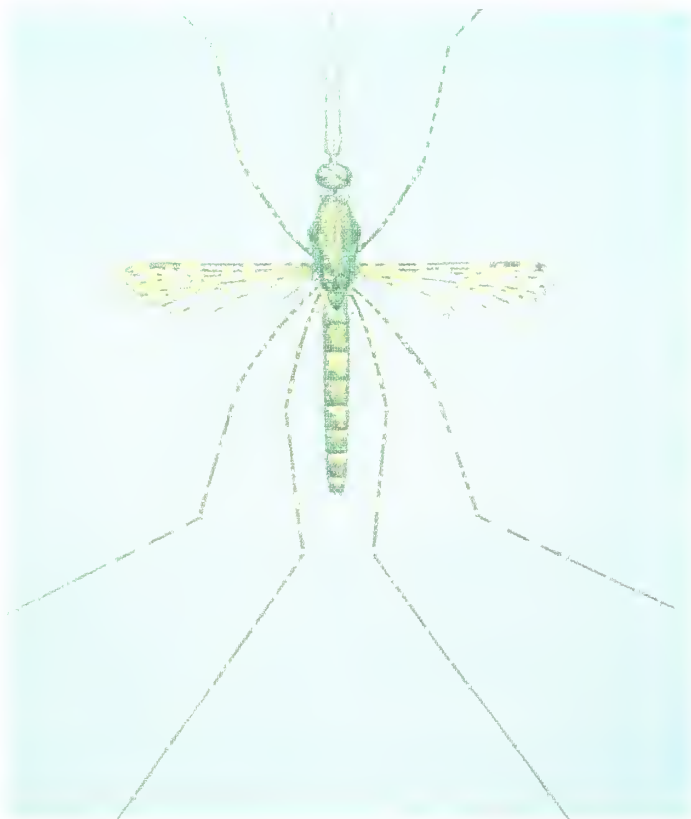
This major investment is part of Rosemont's ongoing development programme, designed to ensure that they will continue to offer pharmacists and patients the very finest range of oral liquid medicines in the country.



Amiloride Hydrochloride Oral Solution 5mg/5ml. Presentation: Concentrate to pale yellow solution containing Amiloride Hydrochloride BP equivalent to 5mg anhydrous amiloride hydrochloride per 5ml. May be used with other diuretics. **Contraindications:** Amiloride should not be used with other diuretics. **Precautions:** Amiloride should be used with caution in patients with renal impairment. **Use in the elderly:** The elderly are more susceptible to electrolyte imbalance and more likely to experience hypokalaemia. Dosage should be carefully indicated according to renal function, blood electrolytes and diuretic use. **Use in children:** Amiloride should be used with caution in children. Severe hypokalaemia and abnormal liver function tests in a few chronic patients. **Use in pregnancy:** Not recommended during pregnancy. It is not known if Amiloride Hydrochloride is excreted in human milk. The mother should either stop breast feeding or stop taking the drug. **Precautions:** Diabetes mellitus. To minimise the risk of hyperkalaemia in diabetic patients, Amiloride should be used with caution. **Contraindications:** Amiloride should be discontinued for at least three days before a glucose tolerance test. **Metabolic or respiratory acidosis:** Potassium-conserving therapy should be initiated only with caution in severely ill patients in whom metabolic or respiratory acidosis may occur. Shifts in acid-base balance alter the balance of extracellular-intracellular potassium and the development of acidosis may be associated with rapid increases in plasma potassium. **Hyperkalaemia:** Has been observed in hospitalized patients with renal impairment. **Hyperkalaemia:** Has been noted particularly in the elderly and in hospital patients with hepatic cirrhosis or cardiac oedema who have known renal involvement who were seriously ill or were undergoing vigorous diuretic therapy. Neither

The LICENCED LIQUIDS

- Current oral liquid medicines in the Rosemont range, fully licenced and prepared to the highest quality standards:
- **Nystamont™** Nystatin Oral Suspension, 100,000iu/ml, Sugar Free - PL 0427/0101
 - **Temazepam Oral Solution** 10mg/5ml, Sugar Free - PL 0427/0089
 - **Methadose™** Methadone Oral Concentrate, 10mg/ml, Sugar Free - PL 0427/0098
 - **Amilamont™** Amiloride HCl Oral Solution, 5mg/5ml, Sugar Free - PL 0427/0091



◀ Continued from P11

in multidrug-resistant areas where mefloquine is currently the drug of choice. However, the chloroquine/proguanil combination is good for the patient in whom mefloquine is contraindicated.

● Mefloquine

Mefloquine has been available in the UK since 1990 and has been prescribed prophylactically to an estimated 10m travellers worldwide. It is the preferred drug for multidrug-resistant malaria in sub-Saharan Africa.

Experience with mefloquine is growing all the time and recommendations for its use are more widespread, particularly for longer durations. This drug has been the subject of recent adverse media publicity in relation to its side-effects. This is unfortunate and may have something to do with the increase in reported cases of malaria we have seen this year. Serious side-

effects include psychiatric disturbance and convulsions which have been reported in one in 10,000 users. Less serious side-effects include nausea, vomiting, dizziness, rash and sleep-disturbance.

Mefloquine should not be given to anyone with a history of psychiatric illness or epilepsy or to women in the first trimester of pregnancy. Women should be advised to avoid pregnancy for at least three months after the last dose. It should also be avoided in severe hepatic or renal impairment.

This drug is highly effective and is taken as a single 250mg tablet weekly which aids compliance. Resistance to mefloquine is unfortunately growing in some regions of South East Asia.

Problems with mefloquine highlight the need for protocols when recommending chemoprophylaxis for malaria to keep adverse effects to a minimum.

● Maloprim

Contains pyrimethamine 12.5mg and dapsone 100mg. It is used infrequently now in the UK for prophylaxis but can be useful in areas where *falciparum*-resistant strains occur, such as Oceania. It is usually taken once weekly in combination with chloroquine. It can cause severe bone marrow depression and other toxic effects so is no longer a first-line drug.

● Doxycycline

A tetracycline antibiotic, it is taken prophylactically as a 100mg daily dose but its use in the UK is limited. It is used more widely in Australia and New Zealand for areas of multi-resistant *falciparum* malaria, but is worth considering for mefloquine-resistant areas in SE Asia, such as the Thai/Cambodian and Thai/Myanmar border areas. Side-effects include diarrhoea, rash and photosensitivity. It should not be used for pregnant women or children.

Resistance in the future

Chloroquine was introduced in 1934 and for many years was the most valuable prophylactic agent available. The WHO had hoped chloroquine would play an important strategic role in its malaria eradication programme but this was not to be.

Chloroquine-resistant *plasmodium falciparum* first appeared in SE Asia in 1978 and since then has swept across the world.

Unfortunately, resistance to other drugs is beginning to follow the same pattern.

In SE Asia, multiple drug resistance (chloroquine, paludrine, Fansidar, mefloquine) is common and reduced sensitivity to quinine is reported in Thailand, Myanmar, Cambodia and Vietnam. In some parts of Thailand, treatment failure rates with mefloquine are as high as 50 per cent. Resistance to halofantrine appears to be following the path of mefloquine.

New research includes:

Advice to travellers

Frequent travel to endemic areas does not convey useful immunity against malaria. Natural immunity is rapidly lost. Immigrants resident several years in the UK are at risk of severe malaria if they return to visit relatives and do not take precautionary chemoprophylaxis.

No chemoprophylactic agent is 100 per cent effective, so it is important to take additional measures to avoid insect bites (see below).

Do not take babies or young children to malarious areas unless absolutely necessary.

Pregnant women should not visit malarious areas unless absolutely necessary. If they do, then they must take a chemoprophylactic.

Chemoprophylaxis frequently fails because of poor compliance; it is important to stress the need to take medication correctly/as prescribed (including on return home).

Any fever or flu-like illness occurring in the weeks/months after visiting a malarious area should be reported to a doctor without delay; malaria can be fatal.

● Artemesia derived from the Chinese herb Qinghaosu. Chinese troops in Cambodia use the drug for prophylaxis and it has been in use in China for over 20 years but this has largely been ignored by the West.

● Azithromycin is being investigated for prophylactic use

● Spf66 is a synthetic copolymer vaccine developed in Columbia by joining *plasmodium* merozoite proteins. C&D is accredited by the College of Pharmacy Practice as a provider of distance learning material until December 31, 1997

PHARMACYupdate: distance learning for pharmacists

Pharmacists using **Pharmacy Update** for continuing education are reminded of the need to test. With the support of Johnson & Johnson MSD, C&D's readers can self-test their progress by using the multiple choice question (MCQ) paper to be inserted in the August 10 issue.

The MCQ paper for the June modules will be enclosed with next week's C&D. This will cover

modules 17-19:

- Responding to symptoms (17)
- Drug interactions I (18)
- Drug interactions II (19).

A faxback service for these modules and associated MCQs operates on 0891 444791 (premium rates apply). A telephone marking service offers independent verification of results – details are given on the monthly MCQ papers.

Other modules carried so far:

- Communication skills (01) Jan 6
- Rheumatoid arthritis (02) Jan 6
- ACE inhibitors (03) Jan 20
- Endocrinology (04) Feb 3
- Sleep disorders (05) Feb 3
- Pituitary problems (06) Feb 17
- Croup (07) Feb 17
- Hormonal contraception (08) Mar 2
- Schizophrenia (09) Mar 2
- Psoriasis (10) Mar 16
- Constipation (11) Apr 6

- Methadone (12) Apr 20
- Methadone supervision (13) Apr 20
- Beta-blockers (14) May 4
- Cystitis (15) May 4
- Palliative care (16) May 18

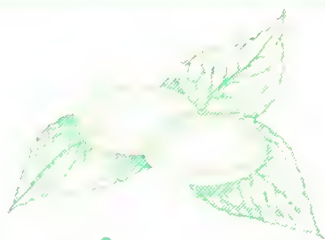
C&D in association with

Johnson & Johnson MSD

Consumer Pharmaceuticals

NOW
2 PACK SIZES

12 & 25
CAPSULES



Mintec[®]

PEPPERMINT OIL CAPSULES
FOR

Irritable Bowel Syndrome

Colicky pain, wind, bloating, diarrhoea, constipation

Summer Consumer Campaign

The Consumer Campaign

National Press, Women's Magazines, Healthcare Magazines. The summer campaign launches in mid June, and will be seen over 72 million times.

The Trade Support

Trade advertising, pharmacy support pack, staff quizzes and a full range of merchandising materials.

The Results

Customers asking for Mintec, and for your advice on IBS.

The Profits

We will continue our commitment to support you, and still offer EXCELLENT bonuses and profit levels on both the 12 & 25 capsule packs.

Stock Mintec NOW

Phone Sally Keenlyside on 01483 565299

PRODUCT INFORMATION: MINTEC[®]

Presentation: Enteric coated, soft gelatin capsules each containing 0.2 ml Peppermint Oil BP. **Indications:** Symptomatic relief of irritable bowel or spastic colon syndrome. **Dosage: Adults and Elderly:** One capsule t.d.s. preferably before meals with a small quantity of water, but not immediately after food. Capsules should be swallowed whole and must not be broken or chewed. Increase to two capsules t.d.s. when symptoms are more severe. Continue until symptoms resolve, may be taken for up to 2 or 3 months. **Children:** Not recommended. **CI, warnings, etc.:** CI: none known. **Precautions:** Pre-existing heartburn may be

exacerbated. **Pregnancy and Lactation:** Usual precautions should be observed. **Adverse reactions:** Heartburn; rarely allergic reactions including erythematous skin rash, bradycardia, muscle tremor and ataxia. **Overdose:** Gastric lavage, together with symptomatic and supportive measures. **Pharmaceutical precautions:** Protect from light. Store below 25°C. **Package quantity and price: 12 capsules RSP (exc. VAT) £2.47; 25 capsules RSP (exc. VAT) £4.81** **Legal category:** GSL. **PL 10536/0036. PL holder:** Monmouth Pharmaceuticals Ltd, 3 & 4 Huxley Road, The Surrey Research Park, Guildford, Surrey, GU2 5RE. **Date of preparation:** June 1996.

Further information available on request from
Monmouth Pharmaceuticals Limited
3 & 4 Huxley Road, The Surrey Research Park,
Guildford, Surrey GU2 5RE

®Trademark Roberts Laboratories Inc

MONMOUTH
PHARMACEUTICALS

Heading for trouble

Headache is one the most common ailments presented in the pharmacy. **Derek Balon**, a community pharmacist and lecturer at King's College, London, looks at how pharmacists should respond to the symptoms



Headache is a symptom rather than a disease. Fortunately, the vast majority of the headaches presented at the pharmacy are of minor significance. However, careful consideration should be given to each presentation to exclude serious underlying pathology.

Patients present with a 'headache' when they have a pain in the head. Pharmacists should reserve the term 'headache' to pain in the region of the cranial vault; facial pain should be excluded. There are many causes for headaches and this makes interpretation of the underlying cause complex. It is convenient for pharmacists to consider headaches under the headings: tension, vascular and traction.

Incidence

The incidence of headaches is high, it being the second most common (59 per cent) reported problem experienced over a 12-month period, exceeded only by colds (66 per cent). About a quarter of the adult population suffer from a headache every two weeks and it is not surprising that the oral analgesic represents a substantial proportion of the OTC medicine market: 15 per cent in 1994.

Migraine, on the other hand, affects about 5 to 10 per cent of the population. It usually starts between the ages of ten and 30.

Types of headaches

● Tension

This is the most common form and is also known as a nervous or psychogenic headache. It is the result of some internal stress, anxiety or tension which may even be at a subconscious level. Physical stress may also be a cause. Prolonged mental concentration may also trigger a tension headache.

Tension headache is thought to be the result of contraction of some of the muscles in the back of the neck and scalp. Traditional theory suggests that this increased pressure stimulates pain receptors. Alternatively, there are changes in blood supplies to the area, which causes pain.

● Vascular

Changes in blood flow to the brain may cause head pain. These changes result in the second most common form of headache.

A change in blood flow in the cranial region may be due to either vasoconstriction or vasodilatation. Although patients believe hypertension is a significant cause of a headache, this is rarely true.

An increase in temperature results in vasodilatation and this is a common cause of headache associated with febrile conditions.

Migraine, both classical and common, is the result of changes in cranial blood flow. There is initial vasoconstriction of the vascular tree giving rise to transient ischaemia, which gives rise to the prodromal symptoms such as the tingling sensation and visual disturbances. Increased platelet aggregation occurs during this initial phase with an increased serotonin level. This may reduce vascular tone reduction and the arteries pulsate. Dilatation or distension of the vasculature, especially the meningeal and extracranial arteries follows which produces the pain.

The causes of migraine are many and varied, often provoked by various foods, drugs and external factors, including TV and emotional stress (see diagnosis). There is a genetic component, since it tends to run in families. Furthermore, about three times as many females have classical migraine compared to men.

Vascular headaches, which are the symptom of more serious conditions, are rare but include various intracranial haemorrhages.

● Traction

There are no pressure sen-


THE COLLEGE OF
PHARMACY PRACTICE

THIS COURSE (MODULE 21), IN ASSOCIATION WITH MULTIPLE CHOICE QUESTION BEING PUBLISHED IN *C&D* AUGUST 10, PROVIDES 1 HOUR OF CONTINUING EDUCATION

OBJECTIVES

- To distinguish between the different types of headaches
- To recognise cases that need to be referred
- To manage headaches using the SCRUTINY and CARE mnemonics
- To be aware of the drug treatments available OTC
- To recognise trigger factors for each type of headache

sory nerve endings in brain tissue. However, pressure receptors are present within the cranium and any space occupying material (haematomas and tumours) will press against structures within the skull, causing pain. One cause of a haemotoma is trauma, like a blow on the head. Inflammation may cause headaches by causing irritation of the meninges, the protective coat of the brain and spinal cord.

In general, traction headaches represent a potentially serious threat to the patient and all should be referred.

Patient presentation

Pharmacists must be aware that the public may present with headache whenever a pain develops anywhere in the head region. Thus it is essential to consider headache and sinusitis simultaneously. Temporal arteritis and trigeminal neuralgia are usually presented as facial pain, but pharmacists must be aware of this potential problem.

Diagnosis

Diagnosis can be made easier using the mnemonic SCRUTINY (Update June 1):
Symptoms/Complex
In tension headache, pain should be the major symptom

Classical migraine:
Hemispherical
preceded by
prodromal
phenomena

Common migraine:
may be bilateral

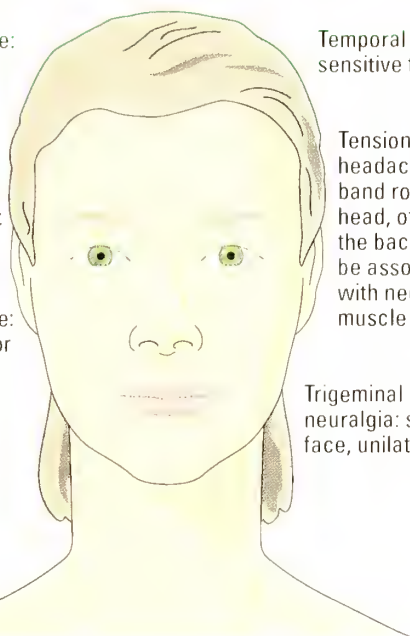
Sinusitic headache:
frequently above or
below the eyes

Herpes zoster:
segmental nerve
affected

Temporal arteritis:
sensitive to touch

Tension
headache: tight
band round
head, often at
the back; may
be associated
with neck
muscle tension

Trigeminal
neuralgia: side of
face, unilateral



present. The pain is often described as a tightness or a dull constant ache but rarely throbbing or pounding. Sometimes shoulder and neck muscle pain and tension are present. Because emotional factors are frequently involved, poor appetite, tiredness, emotional outbursts and instability may be reported.

Migraine presents as a symptom complex which typically includes nausea and vomiting. Classical migraine has a characteristic set of prodromal (warning) symptoms, which include visual disturbances (blurring, flashing lights and zigzag patterns) and parathesia (tingling, pins and needles). Common migraine presents with the headache, which might be severe with nausea and vomiting, but the prodromal symptoms are absent.

Traction headaches are continuous, severe and dull but feel deep-seated and seldom throb. They are aggravated by lying down and patients often wake up with this type.

If there is an elevated temperature, consideration must be given to the cause of the pyrexia and frequently, the

underlying condition requires referral.

While the symptoms listed below are rare, if any are present, patients must be referred:

- skin rash, especially purple
- photophobia (note that migraine causes some degree of photophobia)
- severe stiff neck
- unconsciousness at any stage
- visual problems which are not the prodromal symptoms of migraine
- CNS involvement (loss of co-ordination, personality changes, drowsiness)
- vomiting, when it bears no relationship to food, with no preceding nausea.

Region

Location, in conjunction with the description of the pain, provides one of the best diagnostic pointers to the cause of a headache. Tension headaches are usually bilateral, situated in the occipital region (back) and may radiate to form a tight band around the head. Classical migraine pain is initially hemispherical (one side) but may progress to both sides. Common migraine does not present unilaterally. The pain of traction headache often overlies the site of the problem.

Universal factors

The major diagnostic features in this area of concern are the trigger factors.

Relieving factors: headaches usually either spontaneously remit or require minor drug treatment. Migraine may be relieved by resting in a darkened room.

There is no seasonal or diurnal component with headaches. However, eye strain may (but rarely) cause headaches and a visit to the

optician may be valuable.

Time/intensity

The majority of headaches presented to the pharmacist are mild and self-limiting. Migraine may be so severe as to preclude work. Also severe and requiring urgent referral is the traction headache.

Natural history

Migrainous cluster headaches are more common in men and are characterised by intense pain, especially around one eye. They occur for short periods (20-60 minutes) at varying intervals for hours or rarely for days. Rhinorrhoea may also be present. They recur irregularly, with long periods between successive attacks. Tension

headaches are more common as the day progresses since tension increases with time.

Your current medication

Few drugs, with the exception of vasodilators, cause headaches. Alcohol is another culprit.

Management

Pharmacists can recommend treatment for tension and migrainous headaches; traction headaches require referral. Treatment decisions can be made using the mnemonic CARE (see Update June 1).

Chronic/risk group/age

All children with headaches must be referred. The elderly also need special consideration, as should hypertensive patients.

Allergies

Sensitivity to aspirin should be considered here.

Reaction of proposed medication

Reaction to some of the drugs used to relieve headaches is significant. Aspirin and ibuprofen cause stomach irritation. Asthmatics should also avoid these. Chronic use of analgesics can result in rebound headaches.

Establish patient preference

As headaches are so common, many patients have their favourite proprietary preparations, which need to be taken into account.

Product selection

The three drugs that constitute the mainstay of drug treatment for headache are systemic analgesics.

Aspirin and ibuprofen interfere with the production of prostaglandins, which play a significant part in the pain and inflammatory process. They also inhibit cytoprotection of the gastric mucosa, leading to gastric irritation. Hypersensitivity occurs in some patients, especially those with asthma (about 5

Trigger factors

Migraine

- cheese, chocolate, sherry, red wine (rich in tyramine), sodium monoglutamate
- reserpine, combined contraceptive, alcohol (excess)
- cyclical changes in females
- emotional problems/stress, smoking, hunger, flashing lights (fluorescent), TV

Tension

- Emotional problems/stress

Traction

- Bending down

Sinusitis

- Bending down
- Colds/congested nose/allergic rhinitis

per cent of the population).

Patients taking low-dose aspirin to reduce platelet aggregation should not take the larger analgesic dose: paracetamol or ibuprofen should be considered.

Paracetamol has overtaken aspirin as the main minor analgesic. It is thought to act through selective inhibition of central cyclo-oxygenase. While it has little gastric effect, damage due to overdose is irreversible and care must be taken to avoid polypharmacy problems.

Codeine and dihydrocodeine act centrally on the opioid receptors. Although the dose of codeine in OTC preparations may be at sub-therapeutic levels, its benefits may be synergistic and there is no doubt that patients frequently prefer combination analgesic products. The major side action of these drugs is constipation.

Caffeine acts as a stimulant but at the dose employed it probably has little effect. Antimuscarinics (cyclizine and buclizine) are used in preparations for migraine for their anti-emetic effect.

C&D is accredited by the College of Pharmacy Practice as a provider of distance learning material until December 31, 1997.

Serious conditions with head pain symptoms

glaucoma (eye pain)
subdural haematoma
meningitis
herpes zoster
tumour/abscess
temporal arteritis
infected sinusitis
trauma
trigeminal neuralgia

Patients to refer

- Severe, especially if occipital or top of head
- Trauma-induced, especially if unconscious at any time or associated vomiting
- Persistent morning headache (not in sinus area)
- Temporal location
- Central symptoms – drowsiness, slurred speech, limb weakness, visual disturbance (not migrainous)
- Neck stiffness
- Children under 12

A fine balance

Ethical dilemmas face pharmacists every working day and they need to respond to each situation as it comes. In the first of a series, **Ruth Rodgers**, an independent pharmaceutical consultant who spent many years working at the ethics department of the Royal Pharmaceutical Society, looks at how pharmacists can juggle a heavy workload within the limited constraints of business hours

The bank is chasing next year's business plan; last month's prescriptions should have been posted to the pricing bureau yesterday; the VAT man is due to visit; and now, to cap it all, notification has been received this morning that the Society's inspector intends to call next week.

A familiar situation for any proprietor pharmacist. These and many other pressures usually work themselves out given time and a little extra effort. Sometimes, no matter how much extra time is devoted to the business, it seems to make very little difference to the workload. Often a dilemma is created when high professional standards have to be balanced with the competing financial demands of the business.

Should the pharmacist devote more of his time to the business? What problems can this approach create? A pharmacist working long hours under additional stress risks failing in his professional duties to protect the welfare of the public.

Typical scenario

Two years ago, Simon Brown gave up a secure management position with regular hours and took out a loan to purchase his own pharmacy. He sold the family house to raise the deposit and moved into the flat above the shop. Simon was happy to feel that he was in charge of his own destiny and had great plans to extend the services offered. Indeed, he now provides a prescription collection service and often makes home deliveries after hours. He also supplies a nursing home with a monitored dosage system, which takes considerable time to assemble each week.

Despite his efforts, falling counter sales and static script numbers have resulted in him working long hours just to have the business stand still.

He is finding it difficult to justify the cost of his regular locum and is considering giving up his day off.

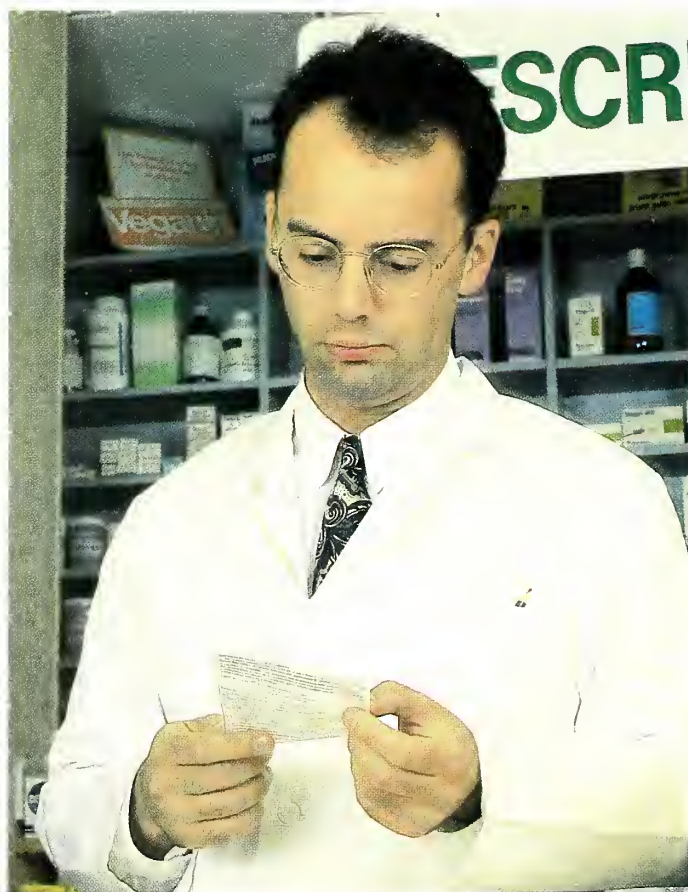
Since this means he would be spending almost every waking hour at the business, it is unlikely to win the support of his wife – family life with his wife, fed up with being cooped up in the flat with their two young children, is already becoming strained. However, after a lot of thought he decides to give it a try.

It is now several months since he last took a day off. Simon is pleased that he is coping so well and believes he is not adversely affected by the long hours. Although he doesn't realise it, the stresses he is working under are compromising his judgment.

Today, Simon had to sort out a dispensing error for one of his regular customers – he had given Mrs Hall thyroxine tablets instead of her usual digoxin. This is the third and potentially most serious mistake that has been brought to his attention this week. Thankfully, no harm has been done but the error has shocked Simon and warned him that he cannot carry on as he has been doing.

He decides to take time off to work out his priorities. Simon is lucky, he is able to meet up with a good friend from his college days and talk through his problems. Simon is helped to recognise several options open to him and, having worked out his priorities, is able to make a plan of action. His locum is re-employed and Simon is determined not to let himself slip into that situation again.

What if he hadn't heeded the warning or had no friend to listen to his problem? He carries on working all hours, devoting his energies to immediate concerns without sorting out the underlying problems. Consequently, these become more urgent and create further stresses. In addition, he starts to look for



areas where he can cut corners and save time.

In an effort to clear some time to deal with the VAT returns, now the most pressing matter, he stops using his patient medication records when dispensing and has started to spend an evening each week filling the nursing home compliance aids. He figures that as he is dispensing them himself he can miss out the checking stage, which he always finds very time-consuming. This allows him time to endorse and file the prescriptions during opening hours and to concentrate on getting his records up to date on the evenings when he doesn't have deliveries to make.

Due to the long hours, Simon is starting to lose concentration so that even simple tasks seem to take hours longer than they should because of the errors he is making. He is no longer patient when dealing with his customers' queries. Last week the owner of the nursing home rang up to find out why, yet again, there had been a mistake with the medicines supplied for one of her residents. He told her that he would sort it out but had not got round to it for a couple of days. As a result, she is now threatening to take her business to another pharmacy and to make a formal complaint about his services.

Simon's ambitious dreams of a couple of years ago have

turned into a nightmare. He is being forced to compromise his previously high standards just to stay in business.

Solutions

No specific guidance is given by the Royal Pharmaceutical Society about the maximum workload or the hours a pharmacist should undertake. Individual capacity varies considerably between pharmacists and will also depend on circumstances and the duties/tasks performed. A pharmacy with a high level of counter trade will leave the pharmacist less time to dispense prescriptions and, while it may be possible to work for long hours for a limited period of time, in the long run the practice could well be detrimental to the pharmacist's health.

It is left to the individual to ensure their fitness to practise, and the Code of Ethics requires pharmacists to regularly appraise professional competence and effectiveness through self-assessment (audit).

Failing competence often comes to the Society's attention as complaints about dispensing errors or the pharmacist's attitude. Actions or omissions by a practising pharmacist which put the welfare of the public at risk cannot be condoned and the Society, as the regulatory body, must take appropriate disciplinary action.

Fever pitch

They think it's all over, it is now – but only Euro 96. There's still a summer of sport ahead, so get ready for even more people limping into the pharmacy with sports injuries caused by trying to emulate their heroes. Sports medicines is already a booming business. **Marianne Mac Donald** looks at pharmacy's strongest performer: topical analgesics

I should have known better than to listen to my flatmate. He is an avid gym fanatic; I am an avid sloth. So when I made getting fit my New Year's resolution, I really should have had the sense not to try and follow the same fitness regime as a man whose hero is Arnold Schwarzenegger.

My left leg and I quickly became a statistic: one of 19.3 million new sports injuries a year, resulting in 11m lost working days and costing the NHS in England and Wales \$643 million.



And with summer being a peak time for certain types of injury (tennis elbow around Wimbledon, unsurprisingly) and Atlanta hosting the Olympics – well, who knows what you'll see hobbling through that pharmacy door!

NSAID onslaught

According to Rhone-Poulenc Rorer, manufacturer of Oruval gel, around 80 per cent of all muscle injuries are sports-related, with amateurs turning to the pharmacist "rather than waiting for an appointment with the GP".

The trend towards non-steroidal anti-inflammatory topical analgesia has boosted the sector at the expense of traditional rubs and ointments, claims RPR. However, the traditional approach is holding its own, with growth of just over 1 per cent. Although NSAIDs outstrip this with an increase of 2.1 per cent,

Seton Healthcare's figures suggest that NSAID growth is losing momentum.

Not that this is going to dissuade Whitehall Laboratories' new NSAID entrant Traxam Pain Relief Gel. According to product manager Neil Hodson, the NSAID market's flattening out is simply a result of poor consumer – and health professional – education.

"Research shows that consumers do not understand that topical NSAIDs work differently from rubefacients. They expect the products to act like heat rubs and when this does not happen they wrongly assume the product is not working and so become quickly disillusioned with the treatment."

Mr Hodson believes existing brands have failed to communicate the benefits of topical NSAIDs to consumers, thus failing to capitalise on their inherent

Market breakdown

Topical analgesics sector:

£26.6 million, +1.8 per cent

The traditional sector:

£16.8m, +1.4 per cent

NSAIDs: £9.7m, +2.4 per cent

Top five brands:

- Ibuleve with 29.6 per cent pharmacy share
- Radian-B 14.2 per cent
- Deep Heat 12.7 per cent
- PR Freeze Spray 5.1 per cent
- Transvasin 4.7 per cent

Top five manufacturers:

- Dendron 30.8 per cent pharmacy share
- Mentholatum 17 per cent
- Roche Consumer Health 14.2 per cent
- Seton Healthcare 14.1 per cent
- Crookes Healthcare 6.9 per cent

Information courtesy of IRI Infoscan

profit. It's led, he says, "to some advertised brands enjoying only short-term sales increases with little repeat purchase".

Whitehall is confident its product will bring lapsed users back to the market and anticipates

Continued on P20 ►



Ibuleve is the top brand with a 29.6 per cent pharmacy share



Although Zyma Healthcare has a GSL licence for Proflex, the brand remains for sale in pharmacies only



Radian-B is in second place with a 14.2 per cent pharmacy share

◀ Continued from P19

users trading up from heat rubs and freeze sprays. In addition, the company expects the brand to benefit from Traxam's prescription heritage.

GSL-shy

But slow NSAID growth has been less of a worry for pharmacists over the past year than the prospective loss of topical ibuprofen to GSL status. Surprisingly, manufacturers have been slow to take up the switch option.

While Zyma Healthcare has a GSL licence for Proflex Cream, the company is still restricting sales to pharmacies only. "The move gives us the opportunity to display the GSL range of Proflex cream and tablets together in the pharmacy," says brand manager Jane Lowrie.

Of course, it doesn't necessarily mean the threat will go away – it may be that companies are simply biding their time. RPR's OTC marketing manager, Kevan Gill, points out that the future could see topical ibuprofen products widely available in grocery multiples.

"We are fully aware of our responsibilities to the pharma-



Cool X offers long-lasting cold relief for sports injuries

cist, particularly those in the independent sector and believe that pharmacy recommendation is key," pledges Mr Gill.

Running hot and cold

The traditional rubs and sprays division has managed to stay abreast of the NSAID sector. One reason may be that NSAIDs have yet to catch on with sports people, who remain loyal to their traditional heat generating rubefacients, suggests the Mentholatum Company.

Seton's figures demonstrate that creams, rubs and gels (including NSAID variants) remain the most popular with consumers, accounting for 75 per cent of the market, with heat sprays responsible for a further 13 per cent, liniments for 7 per cent and cold therapy making up the remainder.

In the rubs sector, Roche Consumer Health's Radian-B is the brand leader, followed by Mentholatum's Deep Heat (latest data from IRI Infoscan).

Moving into the cold front, Crookes Healthcare's PR Freeze Spray dominates the market with a 65.6 per cent share, according to Seton Healthcare, while its Ralgex freeze spray and stick takes second place, with 20.4 per cent and Mentholatum's Deep Freeze Spray and Gel in third.

But it's the new developments that may be the sector to watch. Seton suggests keeping an eye on the mineral baths, which are starting to come through. Radian-B has just expanded its range with the Aromatherapy Bath variant and Deep Heat offers a Bath Tonic option.

Another sector showing promise is the plaster division. The Salonpas topical analgesic plaster has seen sales rise by 70 per cent between October, 1995, and March. The plan now is to target the plaster at the independent sector, along with the intention of extending the range to include sprays and gels, and a plaster-sized TeNS machine.

Robinson Healthcare offers a different approach, with the launch this month of its new plaster: the Cool X, which offers long-lasting cold relief for sports injuries.

Of course, there is one option still left for those who don't want to contract a sports injury: avoid exercise at all costs!



Ralgex freeze spray and stick is second in the freeze market



Whitehall Laboratories expects its NSAID entrant, Traxam Pain Relief Gel, to benefit from its prescription heritage

Miracle food

Sports nutrition is a strange market – not least because pack illustrations seem to consist of men with muscles bursting to escape from well oiled bodies. But there's also dispute over whether the market has any real validity.

According to Gill Horgan, sports dietician at the National Sports Medicine Institute: "Some of the claims lead people to believe that they may become Mr Universe by taking these products and it's simply not true."

She admits that some nutritional supplements can help an athlete's diet: carbohydrates as "it's hard for them to get the amount of carbohydrate they need without it being too bulky"; and isotonic drinks "can be useful under certain circumstances for the athlete who needs to replace fluid in a form that is palatable, and it also provides a bit of extra carbohydrate".

Smithkline Beecham's Lucozade is the dominant player in the energy and sports drinks sector, with a huge 95 per cent market share. The intention is to keep it there with high-profile football and athletics sponsorships.

Taking a different tack, Welsh company BCB offers athletes the opportunity to make their own isotonic drinks, with two kilos of Whiz-o-Tonic converting into nearly 50 litres of drink.

But Ms Horgan isn't as enamoured of other items on the shelves. "At the moment there are no studies which show you need as much as you get from these products," she says.

Yet the UK's leading sports nutritional manufacturer, Weider Nutrition, has increased sales by 35 per cent this past year, so a few people clearly disagree.

So should pharmacists stock a sports nutrition range? Gill's comment is that "the sensible advice is that most people do not need them – but then pharmacists stock vitamins and minerals when many people do not need them either..."



Chelsea's Mark Hughes quenches his thirst with Lucozade Sport

Keeping up support

Think you know the sports medicines market inside out? Not according to Ian Eaves, chief executive of Medisport. He believes pharmacists are missing out on a till-ringing opportunity by not recognising the potential of the sport supports sector.

"Pharmacists are in a very good position to offer help and guidance in this sector. But, in my judgment, it's undervalued," he says.

Richard Walker, managing director of Vulkan, agrees that many pharmacies are losing out by not recognising the growing market for sports and medical supports. "If you had the opportunity of profiting from a product range that is increasing in turnover by well over 20 per cent per annum, takes up very little room in-store, provides good margins and isn't really affected by seasonal highs and lows, you'd be rather complacent not to give it due consideration."

Sports scope

While pharmacists have little to offer in the way of sports supports, with the £7 million market concentrated in sports outlets, it's the pharmacy arena that's exciting the manufacturers.

Rob Holder, hosiery business development manager for Scholl Consumer Products, says: "There's a huge potential in the sports injuries market to expand consumer usage of products for sprains and strains, and this presents an enormous profit opportunity for pharmacies."

Mr Eaves concedes that pharmacists are "starting to wake up", but they're not carrying the range of products required to make them experts in treating sports injuries.

In effect, pharmacists should continue to carry the usually stocked joint supports, such as Scholl's Medical Support or Seton Healthcare's Prospost, but make room for the more specialised lines, such as Medisport's Orthaheel range which corrects poor foot alignment, or the high tech neoprene supports.

But pharmacists may wish to stick with the tried and tested, in which case support for the key joints (knee, wrist, ankle, elbow) are the ones identified by Seton as the most popular.

Pharmacy potential

Sports supports companies are keen to press on with this pharmacy push.

Although Medisport, with 1,500 outlets, is already well established in pharmacies, it still intends boosting this by a further 1,000 by next year. However, the company recognises that pharmacists may not know a great deal about specific sports injuries and is producing a diagnostic aid that identifies pain in different areas and how to treat them.

In contrast, Vulkan is – by Mr Walker's own admission – not very big in pharmacy, but the aim is to rectify this by the end of the year. The company is developing a prototype counter unit and product booklet.

But Mr Walker admits that, to be successful, a change in attitude is needed within the pharmacy. "We are not competing for space with toiletries, we are competing with hairdryers which cost £20-30, which the pharmacist can sell easily. Why should he give it up to something that he knows little about?" he asks. "The answer is that soft tissue injuries are a massive, massive market."

Mr Eaves adds that external forces may accelerate pharmacy growth. "The most important factor is the extent to which the Government supports the exercise for health campaign. The second factor is that people have to treat themselves because they cannot get [GP] appointments quickly enough to get any benefit. The other factor is that the pharmacist is going to become more and more of a community health adviser."

Club together

Scholl says the amateur athlete is more likely to consult the pharmacist than the GP. So, if the sports centre is flagged up strongly in the pharmacy, then there is already a potential audience.

Mr Walker, however, proposes another approach: rather than waiting for someone to walk into your pharmacy, get active and target local physiotherapists, rugby and football clubs.

It's this kind of specialist appeal that could be the saviour of the small pharmacy believes Mr Eaves. "Over the next ten years, the pharmacist who survives and prospers is going to be an imaginative fellow who takes an active role in community health, taking on more things like sports medicines."



Savlon is repositioning to highlight its many uses in the first aid kit

Dressing it up

In theory, the first aid sector shouldn't be a terribly dynamic market. After all, the nation's clumsiness must stay at a fairly stable rate.

But with consumers perhaps being unaware of the many uses of antiseptic creams and the genesis of more high tech plasters on the market, there does seem to be scope for potential.

Zynna Healthcare backs the first option. While its Savlon brand leads the \$13.5 million soothing antiseptic cream sector, complete with 10 per cent pharmacy share, the company is repositioning the range to highlight its multi-faceted appeal in treating not only cuts and bruises but burns, bites and blisters.

The company's other attack is to encourage consumers to trade up from the most popular variant, the 30g size, to the 60g, by offering 10 per cent extra on the latter.

The brand is being supported by a PR and marketing campaign, trade promotions, merchandising and point of sale.

Nelson relaunched its natural first aid cream range last April and helped pharmacists decide what to stock by introducing a counter display unit to hold three of each of the top four creams (Arnica, Calendula, Hypercal and Tea Tree).

A press and sampling push has backed the launch. Nelson has also produced a first aid booklet, 'Natural first aid for your family', available to the trade from Nelson's territory managers.

According to IRI Infoscand, the first aid dressings market is dominated by the cuts and strips sector, where Smith & Nephew occupies the top slot, with a 48 per cent share.

It intends to retain that position, thanks to the introduction of Elastoplast Ultra, which offers 100 per cent water- and bacteria-proof technology, based on the

wound dressing product Opsite. The product features in a \$250,000 press push.

With advanced dressings, Coloplast aims to make its mark with the launch of the Compeed Hydro Cure System by offering moist healing in the form of seven plasters to treat cuts and grazes, blisters, corns, calluses and heel cracks.

Robinson Healthcare is also entering the blister-therapy market with the introduction of its Fast Aid Blister Plaster in August/September.

Perhaps the stimulus for all this activity in the more specialised dressings sector is the ever-growing own-label division. Already it's hot on the heels of Smith & Nephew in the cuts and strips sub-sector, but it dominates the home healthcare arena.

In the burn treatment sector, Seton Healthcare claims its Burneze has a 46 per cent market share, with sales rising in the summer as consumers pack it in their holiday kitbag.

Capitalising on this, Seton has added it to its summer healthcare counter unit. "The unit is there to bring Burneze to the attention of consumers and encourage related sales opportunities," says Seton.

First aid figures

Total first aid dressings market:

£41.1 million, +5 per cent
Cuts and strips account for 71 per cent, home healthcare accounts for 29 per cent

Top three brands in cuts and strips sector:

Smith & Nephew 47.9 per cent
Own-label 39.3 per cent
Robinsons Healthcare 4.3 per cent

Top three brands in home healthcare:

Own-label 65.5 per cent
Smith & Nephew 26.6 per cent
Robinsons Healthcare 3.2 per cent

All information courtesy of IRI Infoscand

Foot fighters

Jane Fonda has a lot to answer for. Her ploy to make all women feel inferior by pouring herself into a fluorescent leotard and leaping around like a dervish kick-started the female health and fitness boom – and inadvertently led to a rise in the incidence of athlete's foot.

Yes, in the past decade, the growth of this common fungal infection in women has been double that of men – up by 43 per cent in the past nine years, says Crookes Healthcare – just because more women are exercising.

Even Ms Fonda needs some help in keeping the athlete's foot sector alive and kicking, so get ready for a double boost over the next few months: the traditional peak summer period combined with a legion of sporting events that may tempt even more people into their trainers.

Foot flurry

With 11 per cent of the UK population likely to get athlete's foot at some point in their lives, it's now big business, with a total market value of \$10.4 million and a growth of 5.5 per cent over the past year, says Crookes Healthcare's Mycil product manager, Rebecca Judd.

The bad news for pharmacists is that grocery is the best performing sector with 31 per cent growth against pharmacy's 4 per cent – though pharmacy still accounts



for the bulk of the market, around 75 per cent, says Bayer.

Don't be disheartened. The launch in the last year of three P-line athlete's foot attackers (Mycil Gold, Toepedo and Canesten AF), comments Ms Judd, will "certainly encourage pharmacy sectors".

While Mycil is the overall brand leader, it is only second place in pharmacy, where the number one spot is taken by Daktarin. Ms Judd says it is too early to tell how Mycil Gold has fared in its launch year, but the evidence suggests no cannibalisation of the core range.

Daktarin may have a fight on its hands for that coveted number one place, with Bayer's latest launch, Canesten AF, gearing up for a summer offensive. Canesten AF product manager Mich-aela Griggs, says: "Neither Daktarin nor Canesten has been actively promoted for athlete's foot. It's been down to pharmacist recommendation."

She believes Canesten AF could have the edge this year as the launch campaign pushes the new line to consumers and the Canesten name is already known within the OTC sector through its legacy as a thrush treatment.

But Bayer shouldn't expect an easy ride on its crusade for the

top slot. There's fighting talk, too, from Dendron's Toepedo. Senior brand manager Rachel Dark is confident that her company's product "will be able to take on the other players in the market and achieve the rapid brand-leading success that has been the hallmark of our recent introductions".

Pharmacy pledge

Toepedo, however, is the odd one out among this flurry of activity: both Mycil Gold and Canesten AF contain clotrimazole 1 per cent, which can now be sold GSL, yet neither has made the move.

Ms Judd assures pharmacists that there are no current plans to switch Mycil Gold from P to GSL. "Mycil Gold was launched for cases of persistent and severe athlete's foot and we consider that this kind of product should really be recommended by the pharmacist."

The situation is different for Canesten AF, as Bayer had the option to launch as a GSL line. But the company's heritage is with the pharmacist and with the threat towards Resale Price Maintenance, there was a double emphasis on staying on this side of the counter, explains Ms Griggs.

When to refer

- The patient is diabetic or taking other medicines
- The patient is pregnant, very old or very young
- The skin is infected
- OTC remedies have proved unhelpful
- It is a long-term complaint or one that has recurred several times recently
- The complaint looks more like dermatitis

Exercise costs

Okay, so you can end up with athlete's foot, but exercise does have its health benefits:

- active men have a risk of cardiac arrest of only 40 per cent, compared with inactive men
- moderate exercise may reduce mental disorders requiring hospital admission by 10 per cent
- for men over 45, the health resource benefits of exercise far exceed the cost of treating an injury.

Information from Medisport

It's not entirely altruistic, however, as the stance comes backed with customer desire. "When we talked to consumers, they were dissatisfied with what was available – they were using GSL products. Because of this, consumers are looking for the added guidance the pharmacist can give," adds Ms Griggs.

Line extensions

Bayer plans a series of line extensions for Canesten AF, such as a powder and spray – both of which are already available as P-line products under the Canesten name.

The launch is being backed with a \$500,000 national consumer advertising campaign and patient education package.

Toepedo is backed with a \$1.5m spend, including national press and television advertising, pharmacy display material, and pharmacist and pharmacy assistant competitions.

Mycil Gold are finalising plans for the rest of the year.



Dendron's Toepedo is a recent player in the athlete's foot market

An effective yet skin-friendly anti-perspirant? No sweat

The need for an anti-perspirant that offers powerful protection from wetness and odour is as important as ever, but now consumers are looking to trade up to a brand which can not only meet this requirement but will respect their underarm skin at the same time. Vaseline Intensive Care™ anti-perspirants meet that need – an opportunity for retailers to cash in on!

The deodorant market is a serious profit generator, worth over \$331.1 million, MAT May, 1996 (source: IRI) – and it's easy to see why. Day-long protection from wetness and odour is something everyone wants, but were you aware that your customers now want something more from their anti-perspirants?

Extensive research from Elida Fabergé has shown that both men and women place over 25 per cent of their brand choice on the strength of its body/skin-friendly platform, rating this as more important than perfume or image. With this in mind, the deodorants market is becoming increasingly more segmented. Leading brands are opting for a

more specialised positioning to meet the demands of today's consumer, who wants powerful, long-lasting protection with the added benefit of a skin-friendly formulation.

Skin-friendly formula

Because the need for effective, day-long protection will never diminish, together with the skin-friendly benefits becoming more popular, scientists at Vaseline research put their expertise to the ultimate test. Just last year they developed a powerful yet skin-friendly anti-perspirant to meet both these needs. The Vaseline Intensive Care™ anti-perspirants have a highly-effective formula and also contain Pro-Derma™ an ingredient which has been proven to work with the

skin's natural chemistry to help keep it healthy.

Since their launch, the Vaseline Intensive Care™ anti-perspirants have achieved an impressive 4.8 per cent market share and look set to be on demand again this summer. Backed by a strong advertising campaign and a variety of PR activities, consumers will be even more aware than ever of the Vaseline Intensive Care™ message.

Comprehensive range

The Vaseline™ Skin-Friendly anti-perspirants are dermatologically tested, alcohol-free and are available in two variants with a clean, fresh fragrance: Active Fresh and Fresh Balance. An ideal choice for your overcrowded shelves, these anti-perspirants are also available in an advanced range of unique applicators to appeal to all consumers:

- Dry Cream is a unique product which offers both a high degree of efficacy and is kind to the skin. Alcohol-free, it is suitable for use even after shaving and is clinically proven to be milder than the other leading anti-perspirants

- High Performance Spray is quick and easy to use for day-

"The market for skin-friendly anti-perspirant deodorants is booming. The Vaseline Intensive Care™ range, in an advanced range of innovative applicators, will help drive category realisation and enhance retailers' profits. This is certainly one range of anti-perspirants that won't be going dusty on the shelves this summer." (Linda Carmont, Deodorant Category Manager at Elida Fabergé)

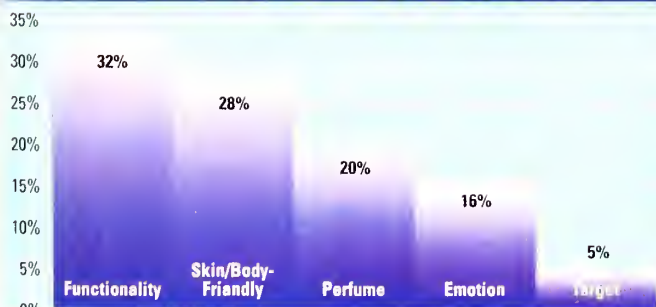
long freshness. There is no more effective anti-perspirant aerosol – so this really is an unbeatable combination of protection and comfort

- Roller-ball is an innovative larger-size roll-on, which glides over the skin giving comfortable and powerful protection.

All the Vaseline anti-perspirants contain Pro-Derma™, which has been proven to work with the skin's natural chemistry to help keep it healthy.



Consumer hierarchy of needs



(Source: Elida Fabergé consumer research)

Vaseline Intensive Care™ Anti-Perspirants – intensive profits, no sweat!

See what the



market leader



can do for you

- Complete[®] is the market leader in the fastest growing contact lens care segment.¹
- Complete[®] is exclusively available to opticians and pharmacists
- August national press campaign



Reference 1 Soft lens cold chemical. Independent Market Research

COMPLETE[®]

There is only one solution



As the battle between the pharmaceutical manufacturers and the retail pharmacists over pricing policies comes to a head in the US, pharmacy consultant **Tony de Nicola** updates us on the latest legal arguments



Pricing policy faces upset

A long and drawn out legal battle between the major branded pharmaceutical manufacturers and retail pharmacists appears to be coming to a head in the US. The sensitive issue is whether or not manufacturers have unlawfully discriminated against retailers in their pricing policies, and how they sell the same products to different customers.

The way in which pharmaceuticals have been priced to different customers in the States has evolved over a period of almost 50 years. So-called 'class of trade' pricing, where manufacturers set prices depending on the type of customer (hospital, long-term care provider, wholesaler, retailer, etc) has always been a troublesome issue for retailers, since they invariably paid the highest prices for branded ethicals.

Most often, this pricing scheme did not take into account volume of purchases, only the class of trade. It began with hospitals getting significantly lower prices (as much as 75 per cent or more off wholesale list price) for many popular pharmaceutical products. The rationale for this was that hospitals used formularies, which drove the sales and market share of particular products within a therapeutic category at the expense of a competitor's products.

Dramatic change

Until the mid-1980s, this scheme had little negative effect on retailers, as hospitals only dispensed products for in-patient use, thereby having no effect on the retail marketplace, with the exception of an occasional out-patient prescription.

This changed dramatically around 1988, when mail order pharmacies convinced the manufacturers that they, too, were a special class of trade, providing benefits to the manufacturer similar to those provided by their institutional customers. Within a few short years, new classes of trade began to pop up, including long-term care providers, oncology clinics, dialysis clinics and every conceivable type of 'non-

traditional' dispensing facility that one can imagine, all clamouring for a special price on branded pharmaceuticals.

These changes happened at the same time as the dramatic growth of third-party prescription plans, and their negative effect on prescription drug margins. This created a situation where pharmacy retailers, independents and multiples watched margins decline by as much as 10 per cent in their pharmacy departments while, at the same time, new, predatory competitors, particularly mail order pharmacies, grew exponentially.

There appeared to be no correlation between purchase volumes and prices. Retail buying groups and multiples alike approached the branded manufacturers for similar discounts but were constantly rebuffed.

The manufacturers said retailers could not affect market share in any way, only dispense what was ordered by the physician, therefore they were not entitled to class of trade discounts. None of them ever denied that the pricing schemes existed, only that 'traditional' pharmacy providers were not entitled to this type of pricing.

In the early 1990s, two groups of independents were formed, the Pharmacy Defense Fund (PDF) and the Pharmacy Free-

dom Fund (PFF). Their aim was to sue the manufacturers (and the wholesalers, whom they claimed helped and participated in the discriminatory pricing process) for damages, and a cease and desist order.

These groups raised a significant amount of money (more than \$500,000) from independents around the country to hire the best legal talent to pursue their case. This type of legal activity, called a 'class-action' lawsuit (whereby all the plaintiffs are from one particular class of people and/or business) is time-consuming and expensive. The leaders of these two funds were aware of this and built up a significant 'war chest' before commencing action.

Class action

They were soon joined by a number of the larger multiples. Other lawsuits were started on behalf of individual plaintiffs against a variety of entities – the manufacturers, the wholesalers and the dominant mail order provider, Merck Medco.

By late 1991, most of the suits were consolidated into one large action, which has been heard in Federal District Court by Judge Charles P. Korcoras. After much legal manoeuvring (but no actual trial), in early April, the manufacturers (15 out of the 20 being

sued) proposed a settlement which included monetary damages of \$408 million, but no willingness to admit to any guilt or to cease from the process.

The attorneys for the pharmacists suggested accepting the settlement. However, the pharmacists – and Judge Korcoras – rejected it, as they wanted the manufacturers to agree to cease and desist from the process, as well as to pay damages for lost sales and profits.

Judge Korcoras then set a trial date for early June. This action has prompted a revised settlement offer, put by 13 companies, which would meet the demands of the pharmacists, allowing them to qualify for the same pricing and discounts as any other dispensing entity/class of trade in the country. If accepted, this settlement will have a profound effect on everyone in the chain of pharmaceutical manufacturing, distribution and dispensing.

There is much speculation about what effect it may have on drug prices (up or down), as well as on the profits of HMOs, PBMs, insurance carriers, wholesalers and retailers. When the dust settles (along with the legal activity), I suspect there will be many new pricing schemes developed by the manufacturers, which will have a profound impact on all participants in the marketplace.

Anthony de Nicola is a pharmacist and president of pharmacy consultant A&D Associates. He has 25 years' experience in community pharmacy, owning two pharmacies in New York. He founded and directed the Leg-end Pharmacy Co-operative, a network of 850 community pharmacies in 15 states for 13 years.

Consistency concerns with 2WHAM questions

We are increasingly concerned about misuses and misunderstandings of the '2WHAM' questions. If continued, this will reduce the effectiveness of the training message! So the first thing we would ask all to note is that the questions are:

- Who is it for?
- What are the symptoms?
- How long have symptoms been present?
- Action already taken?
- Medicines being used for other problems?

The questions were originally developed for use by counter assistants to help them determine if the customer should be referred to the pharmacist, or if it was appropriate to sell a product. Achievement of this objective requires all the questions to be 'asked' before either of these two decisions can be made.

Where a referral to the pharmacist is made, the assistant should provide the pharmacist with a precis of the information. This provides an opportunity for the pharmacist both to 'check' this out with the customer/-

patient, and to use their professional expertise to focus on significant issues before agreeing the best course of action.

As assistants gain in knowledge of active ingredients and symptoms, and use of the questions, they will increasingly recognise situations where it may be appropriate to refer without all the questions being 'asked'. But it is our view that, as a general rule, all should be 'asked' before a product is sold.

We have put 'asked' into quotation marks deliberately. As everyone is aware, there is difficulty in managing this process. Ultimately, we hope that assistants will move, with experience and practice, to develop the skills needed to gather this information, without rote questioning, before reaching the action decision.

Assistants need to be helped and guided through three stages of development. The first is the one that existed prior to commencement of training, ie where there was no awareness of the questions and little knowledge base on which to draw. Participation in training moves the

assistant into the second state of 'awkward practitioner'.

Here there is increasing awareness of the range of active ingredients used, the importance of the '2WHAM' questions, but there is awkwardness in trying to remember and use all the information and protocols. Practice is needed.

The final stage arrives when the skills in asking the questions and in using the knowledge have become embedded, and the assistant is no longer awkward. Their behaviour is natural – but competent and informed. Of course, skills and knowledge will continue to grow through increasing experience.

So, please, if you are going to use the questions, or a corruption of them, think about how you are using them. Help us to ensure the message is consistent and allows for assistants' development.

M A Benson (head of training)
T Thomas (training officer)
National Pharmaceutical Association

The Ideal judgment

Further to the news in *C&D* June 22, 'Pattni wins against Farillon', I would like to express my sincere thanks to all those in the industry who have stood by me during this difficult and trying time.

The judgment exonerated my position and was important because it shows that a small company can stand up for its rights against a major industry force and win.

Everyone should read the judgment delivered by Judge Rich QC about the tactics used by Farillon and Barclay Pharmaceuticals, and the actions of their senior management, because it may have serious implications for the industry as a whole.

I know that, over the years, I have attracted my share of criticism, but I am on record on many occasions for calling for the highest standards within the industry. I have always striven to achieve these, and continue to do so. It is a shame that some others appear not to share these ideals.

Pradip Pattni
Ideal Health Group

Fabergé's response

As the leading manufacturer of deodorants and body sprays, with a 43 per cent market share (YTD 1996, mid-May, IRI), we were delighted with the coverage *C&D* gave

this sector of the market in the June 15 issue.

However, in the section about body responsive formulations, I was quoted as thinking that "the new breed of body responsive products will appeal to a broad section of consumers". This cannot be true, as, in fact, body responsive products are not new to the market, both Sure and Mum launched and supported body responsive deodorants back in 1993.

Fabergé recently relaunched Sure (March, 1996) focusing on the more consumer-friendly pack message of 'Unbeatable Protection' and 'Ultra Dry' by removing the 'Body Responsive' message from our packs. This action was taken simply because we know consumers' foremost concern about a deodorant is to be reassured about dryness and protection rather than the potentially more confusing 'body responsive' or 'body heat reactive' messages.

Karen Ramsay
Deodorant category manager,
Elida Fabergé

No confidence in Crookes

I would like to raise a few points with respect to Crookes Healthcare and the deterioration of its relationship with the pharmacy trade.

Crookes Healthcare are justifiably proud of its relationship with community pharmacists and still promotes this image. But Nurofen is no longer available exclusively in pharmacy, despite many years of loyal recommendation.

During a recent product recall of Sun E45, an advertisement was placed in selected newspapers with details of the recalled products, but it was several days later before notification reached pharmacists.

This could, and probably did, result in pharmacists recommending a product to a patient who could go home and read in a tabloid newspaper that it had been withdrawn.

If Crookes continues to ignore the position of pharmacists in this fashion, we should promote alternative products until the company can convince us it shows proper regard to the contribution we make to the success of its products.

James Cassidy
Strabane, co Tyrone

HealthAid
Natural beauty from within

Nail Vit
VITAMIN & MINERAL CAPSULES

Eye Vit
VITAMIN & MINERAL TABLET FOR HEALTHY EYES

Hair Vit
VITAMIN & MINERAL CAPSULES

Skin Vit
A SPECIAL COMBINATION OF NUTRIENTS FOR HEALTHY SKIN

Available at all independent Chemists and Health food stores throughout the U.K.
For further information contact:
PHARMADASS LTD.
16 Aintree Road, Greenford, Middlesex UB6 7LA U.K.
Tel: 0181 991 0035 Fax: 0181 997 3490

Boots to spend £300m on developing healthcare role

Boots the Chemists intends to make its pharmacists "more accessible" in a \$300 million investment over the next four years.

The company is to target the 45 per cent of people who suffer in silence rather than self-medicate with an OTC medicine. Boots is also establishing seven different pharmacy formats tailored to the needs of local customers. The trial of the Advantage loyalty card is being extended and the company is looking at ways of using 'smart card' technology to transfer repeat prescriptions from GP surgeries to pharmacies.

David Kneale, director of merchandise and marketing, said this week that one aim was to free pharmacists to spend more time with customers. While pharmacists would still supervise dispensing, some of the more routine procedures would be delegated to trained technicians.

Boots was considering how counselling areas could be kept away from products and one possibility might be to have separate consulting rooms.

Other plans to develop Boots' healthcare role included in-store advertising to target the 'non-treaters' and the 20 per cent of people who go to a GP rather than a pharmacy for advice on minor ailments. The company would continue to develop own-brands of OTC medicines and a new range to be launched next month would target different types of pain, such as dental pain, back pain, etc.

Mr Kneale went on to describe how the company was using the power of the Boots' brand to encourage customer loyalty in prescription medicines. Eighty lines using the Boots name in association with a branded medicine, such as Boots Tagamet and



Steve Russell, Boots' MD

Boots Floxapen, had already been launched.

Other dispensing initiatives included looking at ways to transfer repeat prescription management from the GP to the pharmacy of the patient's choice. In-store services would be set up for those with chronic conditions, such as asthma.

Ron Glaister, director of stores, told the press briefing that \$70m would be spent this year on expanding the chain and developing existing stores; 130 of the 240 proposed new small stores had already opened and a further 40 would follow on this year. Eighteen central London branches would be significantly upgraded.

Three edge of town stores – in Salford, Bromborough and Chesham – had opened and there would soon be three more in Croydon, Craigleith (Edinburgh) and Fort Dunlop. Existing Boots' branches had not been 'cannibalised' by these openings so sales had probably been taken from grocery outlets. About a dozen edge of town branches will be opened over the next three years.

Managing director Steve Russell reiterated the company's

commitment to the High Street, but said Boots wanted to be represented in out of town centres if that's where the customers were.

Mr Glaister went on to explain that, until recently, the size of the store was the main factor in determining the merchandise offered, but sophisticated computer systems now enabled individual branches to be tailored to customer profiles and product needs. Over the next two or three years, all stores would be merchandised according to seven formats:

- edge of town
- travel pharmacies, which would be mostly at airports, where the accent would be on holiday merchandise
- pharmacies in or near surgeries, which would focus on dispensing and OTC sales
- work stores, situated in railway stations or near large working populations, catering for morning, lunchtime and evening peaks
- pop-in stores (600) catering for 'top-up' shopping between major shopping trips
- small destination stores (100), mainly in market towns, which would offer a wide choice
- large destination stores (100) in main city shopping centres carrying a full product range.

A large store is expected to open in Dublin this autumn, but the directors could give no more information on plans for overseas expansion other than that the company is investigating various possibilities in both developed and developing countries. Press reports that the company is poised to open a chain in Holland did not originate from Boots, said Mr Russell.

"We will say more when we have carefully analysed the opportunities," he said.

New from NOAH

The sixth edition of the booklet 'Withdrawal Periods for Veterinary Products' is now available from the National Office of Animal Health. It provides the latest information on withdrawal periods for food animal medicines. Free copies will be supplied to vets, animal health distributors and veterinary pharmacists. Extra copies (£2.50 each) can be bought from NOAH, 3 Crossfield Chambers, Gladbeck Way, Enfield, Middlesex EN2 7HF.

CDH new shares

Chemical Design Holdings is to seek admission to the Alternative Investment Market and a placing of new shares is expected in mid-July. The monies raised will be used mainly for marketing and expanding the group's network, particularly in the US, France and Germany. Chemical Design supplies drug discovery software to pharmaceutical and biotechnology companies.

Pharmacover premiums fall

Pharmacy Mutual Insurance claims its 'Pharmacover' policyholders can now enjoy much lower premiums because of a continuing improvement in claims expenses. And it has introduced a Freephone to its quotation department: 0800 801043.

RPR moves HQ

Rhone-Poulenc Rorer is moving its UK business headquarters from Eastbourne to the Kings Hill business park in West Malling, Kent. The company will begin operating from its new headquarters at the beginning of next year. Until then, customers and suppliers should continue with their normal contacts at RPR.

Special delivery

Group 4 Nightspeed is offering special rates to independent pharmacies using its Databag and small package delivery service. Nightspeed has retained a £130,000 contract with Kent Pharmaceuticals, a manufacturer and wholesaler of generic prescription medicines, and it has introduced a tailored Medicarry service.

Batten-Edwards' new offices

Batten-Edwards, a distributor of instruments for the OTC pharmacist and beauty markets, has moved to new offices: The Groom's Cottage, 5 West Hill, Aspley Guise, Buckinghamshire MK17 8DP.

Unichem's new management team for pharmacy

Unichem has appointed a board for its wholesale division to create "an experienced management team dedicated to supporting the independent pharmacy sector".

Keith Slater is promoted to director of management services, Cliff Irwin to director of finance and Tony Jackson to

director of operations. Jeff Harris remains managing director of the division, with Chris Etherington as deputy managing director.

Martyn Ward has been appointed director of sales and marketing on the board. He has dealt with other independent retail sectors for 16 years.

Neil Chapman has been appointed as a non-executive director. Mr Chapman is also a member of Unichem's board and operates his own independent pharmacy.

Mark Thomas has been promoted to the newly-created group post of director of corporate development.

Pharmacist wholesaling co-op sets up in Borders

A new wholesalers' co-operative run by independent pharmacists is due to commence business in the Borders area.

The Carlisle-based Border Chemists Alliance has been registered as a company, and aims to offer a 'full-line' service in southern Scotland, north east England, Cumbria and north Lancashire. Plans are advanced for an early autumn operational start date.

Over 70 independent pharmacists have signed up to the new co-op. A full business plan has been approved and supported by

the Royal Bank of Scotland. The company also has options on several sites for depots.

"Many independent pharmacists are feeling threatened by the big wholesalers," says chairman Jeremy Aspden. "BCA will protect the pharmacists' independence, as it will be owned by members and run for them."

"There is a strong tradition of regional-based wholesalers in the North West," he adds. The possibility that the Daniels' wholesale company may disappear if Lloyds Chemists is bought

by Gehe or Unichem has focused attention on it being "the time for independents to become more independent", he says.

The new wholesaler has the support of most of manufacturers, says Mr Aspden. It is also considering negotiating to become a Numark appointed wholesaler. Six other members will be appointed to the board to give regional representation.

The BCA can be contacted via Mr Aspden's pharmacy at 132 Highgate, Kendal LA9 4HE. Tel: 01539 733353.

Glaxo Wellcome parts with OTC interests

Glaxo Wellcome has sold its US and European interests in the Warner Wellcome OTC joint venture to Warner-Lambert for \$581 million.

The joint venture with Warner-Lambert for the marketing of Glaxo Wellcome's POM to P switches has also been restructured.

Glaxo Wellcome announced its intention to sell in December, 1996, (*C&D* December 23/30, p925). Both Glaxo and Wellcome had marketing joint ventures with Warner-Lambert before the former two companies merged.

From the community pharmacist's perspective there should be little discernible effect, since the same salesforce will continue to promote the same product range.

Wella sells Restoria to Brodie & Stone

Wella Great Britain is selling its Restoria range of male grooming products to Brodie & Stone.

Restoria's new owner, which specialises in skin care products, plans to relaunch the range to give it a new identity. Products at present include Restoria Oil Free Lotion and Restoria Cream.

From July 1, Wella will not take any orders from the trade for the range. Customers wishing to place orders after that date should contact Brodie & Stone on: 0171 278 9597.

Wella acquired the brand from Smithkline Beecham in 1994.

First drug launch from Chiroscience

Chiroscience, the chiral pharmaceutical company, has launched its first drug.

The single isomer anti-inflammatory, dexketoprofen, was developed jointly with Menarini.

It was launched in Spain on June 21 under the brand name Enantyum, and should enter other European markets next year.

Lord Chilver, chairman of the Chiroscience Group, said the group was one of the first UK biotechnology specialists to launch a product.

Speaking at the group's annual general meeting, Lord Chilver said that progress had also been made on levobupivacaine, its local anaesthetic, which successfully completed its Phase III trials this year.

Asda buys nine Moss pharmacies ...

It has been confirmed this week that Asda is to acquire nine pharmacies from the Unichem-owned Moss chain (*C&D* June 29, p900).

Four of the pharmacies – at North Pentwyn, Hinckley, Great Yarmouth and Grimsby – have been open for less than a year. They are all mid-store pharmacies and it is understood that Moss has found it difficult operating such units. Most Moss outlets in Asda are positioned outside the checkout.

The other outlets have not yet opened under the Moss name, but it is understood they do have contracts. Although the deal has been agreed in principle, no official transfer date has been fixed.

Asda said that it had purchased ten pharmacies at the announcement of its annual results last Thursday. These pharmacies are the first to be owned wholly by Asda and form part of its strategy to have a pharmacy in each of half of its 207 stores. It already has 85 pharmacies franchises sited on Asda premises.



Community Pharmacy Action Group chairman David Sharpe makes the point that local community pharmacists are under the hammer from Asda's challenge to Resale Price Maintenance on over the counter medicines

The sale of further Moss outlets to Asda in the immediate future is understood to be highly unlikely.

... and CPAG turns up heat in RPM battle

The Community Pharmacy Action Group has produced a counterblast to the "misinformation" put out by the Asda supermarket chain in the Resale Price Maintenance fight.

The move is the latest taken by the CPAG, which is turning up the heat in the public relations battle before September, the time the Office of Fair Trading report on RPM is expected. The CPAG says:

- drug companies make only 6 per cent profit on over the counter medicines (Asda claims the figure is 80 per cent)
- Asda has taken an average of 40 per cent profit on OTC medicines in the last ten years, compared to the independent pharmacist's 33 per cent
- a local community pharmacist stocks around 700 separate medicinal lines. Asda stocks less than 80
- the British pay less than any of their European counterparts for most medicines. Asda claims the British consumer pays too much for OTC medicines.

Judgment against Monsanto in generics case

Monsanto, maker of the pain-killer Zydol, has failed in a High Court bid to protect its \$20 million investment from generic competition.

Justice Keene ruled that the Medicines Control Agency had been fully entitled in May to grant authorisation for an 'essentially similar' drug made by Galen.

The judge rejected Monsanto's claim that the MCA's decision

was discriminatory, distorted competition and discouraged the innovative design of new drugs.

Sales of Zydol capsules are estimated at \$7-\$8m a year. The judge said Monsanto had enjoyed a two-year monopoly before being faced by generic competition.

In June, 1980, German company Grunenthal had been authorised to market an 'essentially similar' drug – known as Tramal,

based on tramadol (the active ingredient of Zydol) – in Germany.

Monsanto's UK subsidiary, Searle, applied for authorisation to market Zydol in the UK in November, 1990. It finally received a licence in April, 1994.

The judge refused leave to appeal, but Patrick Elias QC, for Monsanto, said the company would consider leave directly from the Court of Appeal.

Classified

Appointments £25 P.S.C.C. + VAT minimum 3x1
 General Classified £23 P.S.C.C. + VAT minimum 3x2
 Box Numbers £12.00 extra. Available on request.
 Copy date 4pm Tuesday prior to Saturday publication.
 Cancellation deadline 10am Friday; one week prior to insertion date
 All cancellations must be in writing
 Contact Lucy Reynolds Chemist and Druggist (Classified)

Miller Freeman PLC, Sovereign Way, Tonbridge, Kent TN9 1RW
 Tel: 01732 377222 Internet: <http://www.dotpharmacy.com/>
 ALL MAJOR CREDIT CARDS ACCEPTED



APPOINTMENTS

Full & Part-time Pharmacist/ Managers

Required

Bournemouth Area
 Competitive salary,
 holidays & excellent
 team of staff.

Apply Mrs Gough
 Tel: 01202 749397
 01202 523481

LONDON SE15

We require an enthusiastic manager for a pharmacy close to a GP health centre. You should be keen on patient counselling and professional development, but also understand the commercial reality of the NHS. We can offer

- 4/5 day week, alternate Saturdays
- Experienced staff dispenser and counter assistant
- Support for professional development
- Salary by negotiation
- Job-share available

If you fit the bill, please contact
 Tony De Souza
 Tel: 01634 232079 (day)
 or 0973 703120 (evenings)

Newbury Park - Ilford

Pharmacist manager or long term locum required for an easily run, but heavy on dispensing pharmacy. Minimum paperwork. Competitive remuneration.

Weekend locum required in HERNE BAY & locum required in BETHNAL GREEN, LONDON E2 (near tube)

Please telephone 01376 520052 or 01763 248440 (anytime)

BECKENHAM, KENT

Experienced Pharmacy Assistant required to work full or part time. Excellent working environment and rates of pay.

Ring 0181 325 8188

ORPINGTON, KENT

An Enthusiastic Pharmacist required for modern, friendly, family owned pharmacies. Start July/August. Hours & Salary by negotiation. Excellent supporting staff. Newly qualified welcome.

Please contact
 Brian McElhinney
 Phone/Fax: 01689 854831 or
 Phone (evenings) 01689 860682

KIDDERMINSTER

Enthusiastic Pharmacist Manager required for an easy to run pharmacy. Job-share considered. Salary negotiable.

Pre-registration considered.
 Please contact P. K. Patel on
 01299 878845 (daytime) or 01299 877444 (after 7pm)

WALSALL/COVENTRY

Ambitious Pharmacists required for modern community pharmacies, part of rapidly expanding independent company. Manager, locum or newly registered considered. Minimum paperwork. 5 days. All branches run on FPOs, all modern dispensaries, fully trained support staff. Excellent salary and prospects.

Telephone: 01922 475199

NORTHAMPTON DESPERATELY SEEKING PHARMACIST

Required 3 regular days per week. Pharmacist interested in job-share ideally suited.

Telephone 01604 760033 (days)
 01604 709568 (eves)

KIRKDALE - LIVERPOOL Walton Chemist PHARMACIST/MANAGER

Competitive salary. Newly registered also considered. Excellent supporting staff. No paperwork & other benefits.

For further information please ring
 Mr A.E. Edem 0151 207 3955
 9am-9pm

LOCUM/RELIEF MANAGER

We are a small, friendly group of seven Pharmacies located in the Oldham/Tameside area. We have vacancies for odd days and regular bookings.

Tel: 0161 330 1008 (daytime)
 01457 870066 (evening)

DISPENSING ASSISTANT NORTHWOOD HILLS

Full or Part Time. Training will be provided for new or inexperienced courses. Excellent working environment.

Ring Christina on 01895 639991
 Weekdays till 3pm
DALLAS CHEMISTS

SW18

DISPENSING ASSISTANT/EXPERIENCED COUNTER ASSISTANT

For further information please ring

0181 874 1495
 or 0181 942 1884

PROVINCIAL PHARMACY LOCUM SERVICES

We have over 5,000 pharmacists registered PLUS experience of handling over 250,000 bookings NATIONWIDE!

OUR SERVICE

- Provided by experienced staff.
- Locum bone-fides checked.
- A mobile & motivated locum pool
- NATIONWIDE COVERAGE.
- Pharmacist staff to deal with technical issues.

LEAVE THE WORRY TO US

Please call now

Birmingham 0121-233 0233
 Newcastle 0191-233 0506
 Manchester 0161-766 4013
 Sheffield 0114-2699 937
 Edinburgh 0131-229 0900
 Cardiff 01222 549174
 London 01892 515963
 Exeter 01392 422244

SELF-EMPLOYED LOCUMS

- ★ Are you familiar with 'self-assessment' rules starting from April 1996?
- ★ Qualified Accountant provides a full accountancy/tax service for reasonable rates.

Tel: 0181 908 5006

LOCUMS

URGENTLY REQUIRED IN

SOUTH WALES & BRISTOL AREA

- COMPETITIVE RATES OF PAY
- ODD DAYS & LONG TERM AVAILABLE

Contact
CAPITAL SUPPORT SERVICES
 Tel: 01222 540940
 Fax: 01222 549185

S.E. LONDON - Saturday Locum

Pharmacists did you go to University to work night-shifts in Supermarkets under unqualified floor managers? Pleasant, friendly, easily run private pharmacy offers you normal Saturday hours in S.E. London

Tel: 0181 777 0021 Mon-Sat 9am-7pm
 Evening 0181 654 9559

London SW4

Regular locum pharmacist required to cover late night dispensing in Clapham, for Thursdays & Fridays 6-9pm. Knowing Mediphase is desirable. Salary by negotiation.

Telephone Dr. Gharib
 0171 622 3147

LOCUMS

PETERBOROUGH

Pharmacist long term Locum required, would also suit person newly registered. No paperwork, excellent supporting staff. 40 hours per week, Mon-Tues, Wed, Fri 9-7, Thursdays 9-1. Good rate of pay - £11 per hour, overtime available Thursdays afternoons and Saturdays. (New rates of pay to be negotiated from 1st October 1996) Start 1st of September 1996. Parking facilities available. Accommodation comprising of two bedroom flat fully furnished, central heating, parking available, (but only 10 minute walk from work or to town centre) can be provided at £65 per week if required. Telephone line and TV aerial already installed. Call Hassan Damani 01733-312933 or 01733 68398 after 8pm.

NOTTINGHAM

Full time or part time pharmacist locum required for small independent community pharmacy. Job share a possibility. Also recently qualified considered.

Please send CV to

Ladybay Pharmacy, 145 Trent Boulevard, Westbridgford, Nottingham NG2 5BX.

Tel/Fax 0115 945 5412 until 6pm or tel 0115 948 0658 6pm-9pm

BUSINESSES FOR DISPOSAL

ALLIANCE VALUERS & STOCKTAKERS

(01423) 508172

BRADFORD

Suburban pharmacy with prominent main road frontage. Estimated T/O 30 June 96 £266,000 under management. NHS items 1,972 per month. Low overheads. New council lease agreed. Offers around £75,000 for GW/Fix plus SAV.

LEEDS

Main road suburban pharmacy serving densely populated neighbourhood. T/O under locum management FYE 1 April 96 £354,343. GP 26.9%. NHS items over 2,900 per month. Premises on lease only £3,150pa. Excellent profits. Offers around £100,000 for GW/Fix plus SAV.

BUSINESS WANTED

DAY LEWIS

is a fast expanding chain with 24 pharmacy and opticians shops. We wish to acquire business in Berkshire, Essex, Kent, Hampshire, Middlesex, Surrey, Sussex and the Greater London area. Any turnover considered.

Please write or telephone in confidence:



Kirit Patel

Day Lewis Plc

Bensham House, 324 Bensham Lane, Thornton Heath, Surrey CR7 7EQ

Tel: 0181 689 2255. Mobile 0860 484999

BUSINESSlink

A FREE Service for Chemist & Druggist Subscribers

EXCESS STOCK

TRADE LESS 50%+VAT+POSTAGE - 100 Neurontin 400mg caps, 2x30 Adizem XL 300, 10x10 naprosyn 500 suppositories. Tel: 01302 723565.

TRADE LESS 30%+VAT+POSTAGE - 1x30 Hollister 3119, 100 Imuran 25mg (exp 12/98), 100 Dantrium 25mg (exp 3/97), 100 Depixol 3mg (8/97), 100 Fenopron 600mg, 30 Provera 100mg (exp 5/97), 2x56 Plaquenil 200mg (exp 10/96). Tel: 0181 874 8406.

TRADE LESS 30%+VAT - Dioralyte sachets 6s. Tel: 01482 354260.

TRADE LESS 20%+VAT+POSTAGE - 30 Loron 520, 155 Bonefos 400, 2x240 Health Insurance Plus, 50 Prograf 1mg, 10 Nephro-vite, 120 Faverin 100mg, 10x5 S353, 2x30 S296, 2x20 Duovent UDV, 24 Oxivent in and others. Tel: 0181 367 5456.

TRADE LESS 35%+VAT - 10x100 Hormonin tabs (exp 2/98). Tel: 0402 418 318.

TRADE LESS 40%+VAT - Much short dated stock. Tel: 01452 522951.

TRADE LESS 25%+VAT - Duphalac dry sachet, Cyprostat 100mg arthemat caps, Alphodith cream, fersamal 1000. Tel: 0181 520 5820.

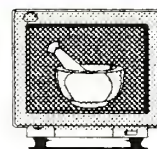
TRADE LESS 50%+VAT - 48 Nitrodur 15mg 24 hr patches, 49 Minocin MR 100mg caps, 56 Remedeine, 38 Provera 5mg, 94 Motrin 800mg, (all exp 8/96), Isordil 30mg (exp 7/96). Tel: 01269 850302.

TRADE LESS 30%+VAT - 6x60 Videx 100mg tabs (exp 98). Tel: 01204 883220.

TRADE LESS 30%+VAT - Biotrol elite 36-825 2x30, Convatec ileodress S841 3x10, Ketovite liquid 3x150mg, Colomycin inj 500,00087 4x10, Frisium 10mg 3x10, Tridestra 1x91. Tel:

COMPUTER SYSTEMS

Alchemist 3000 PMR dispensary system NEW VERSION !!!!!



Prophet 2000 EPOS Intelligent till system Transform your business



All
Net-Workable



We use our
engineers



We deliver &
install FREE

CHEMTEC SYSTEMS LTD.

The Old Police Station, Golden hill, Leyland PR5 2NN
Tel (01772) 622839 FAX (01772) 622879

DISCOVER HIDDEN DISPENSING PROFITS

WITH

PACE Beta PLUS PMR

Increase Profitability
Enhance Customer Care
Increase Staff Motivation
Improve Communication
Improve Efficiency
Slash Workloads
Provide Professional Practice Image
Increase Flexibility

Professional
Dispensing Systems for
Professional Pharmacists

FOR DETAILS
AND/OR A FREE DEMONSTRATION:
Tel: 0161 941 7011

PACE BETA COMPUTERS, FREEPOST ALM 1610, ALTRINCHAM, WA14 1AR

FOR SALE

INVERNESS EAR PIERCING - Cassettes. Any offers. Tel: 01865 890587.
CASH REGISTERS - Choice of three, \$75 to \$125. Tel: 01142 745403.

COSMETIC & PERFUMERY STOCK - From shop closure. Full rrp \$5,250 in VAT. Itemised list available. All fresh clean stock Rimmel Yardley P&M etc, no reasonable offer refused. Also glass-fronted display counter, grey marble effect, 1 metre long & matching till pedestal unit \$80 ono. Also cash till \$120 ono. Lancashire. Tel: 01706 224136.

WANTED

NOMAD TROLLEY - Can collect. Tel: 01142 745403.

EXCESS STOCK CAUTION

Pharmacists are responsible for the quality, safety and efficacy of medicines they supply. In purchasing from sources other than manufacturers or licensed wholesalers, they must satisfy themselves about product history, conditions of storage and so on.

COMPUTER SYSTEMS

0% UNTIL THE END OF SEPTEMBER YOU CAN BUY

'Simply the best'

LABELLING & EPoS SYSTEMS

WITH 12 MONTHS INTEREST FREE CREDIT*

PHONE TODAY FOR MORE DETAILS

0151 298 2233

PARK SYSTEMS LTD.
6 Vulcan St, Liverpool L3 7BG
Fax: 0151-298 1689

*Subject to Park's standard terms and conditions




COURSES

THE PHARMACY UNIT

continues to offer the **nationally recognised qualifications (BTEC/NVQ)** for pharmacy technicians commencing September 1996

Students can qualify on a one, two or three year day-release course depending on prior experience & qualifications. An **HNC (pharmaceutical science)** course is also available

For further details contact the Pharmacy Office on

0171 306 5777

or attend enrolment on: September 3rd, 4th & 10th 1996

KINGSWAY
COLLEGE

Pharmacy Office
Sidmouth Street
London WC1H 8JB

DISTRIBUTORS WANTED

LONDON COMB AND BRUSH DISTRIBUTOR

require

WAREHOUSE, DISTRIBUTOR & PACKING CO.

Preferred location London area (but not essential).

Please phone Mr Collings

PHONE: 0171 493 0073 FAX: 0171 499 2312

BUSINESS WANTED

WANTED TO PURCHASE

Small/medium Manufacturing Concern Specialising in Pharmaceuticals, Toiletries, Cosmetics or related products

Write in strictest confidence to:

Box No. C & D 3516

PRODUCTS AND SERVICES

Getting out Chemicals, Pharmacies, Wholesalers & Multiples are into with bath & body care

Algemarin So your Customers can Relax for Free!

Using our Algemarin luxury foam bath or shower Sachets.

Release the natural power and properties of the Sea

Send your copy of this advertisement with your name and address.

We will forward sample sachets for you to give to your customers!

Our products are manufactured from natural resources and are not tested on animals!

Algemarin & Hormocenta Distributed by Le Brun U.K.

Fountain Farm, Well Hill Nursery, Firmingers Road, Well Hill, Orpington, Kent BR6 7QH



CHEMIST & DRUGGIST offers the most comprehensive selection of products & services of in any Pharmaceutical Publication.

CALL LUCY ON **01732 377222**

TO PUT YOUR PRODUCTS & SERVICES IN FRONT OF OUR UNIQUE READERSHIP

BUSINESSlink

A FREE Service for Chemist & Druggist Subscribers

TRADE LESS 25%+VAT+POSTAGE - 120 Anturan 200mg, 30 Megace 160mg, 408 Mexitil 200mg, 80 Mexitil 50mg, 30 Provera 100mg, 30 Tagamet 800mg, 60 Coracten 10mg and others. Tel: 01963 250259.

TRADE LESS 30%+VAT - 1 H8 Acthar gel 40ml (exp 10/96). Tel: 01792 654635.

BEST OFFER SECURES - Contatec S8961 bags, good condition. Tel: 0181 802 7007

55 EACH+VAT - 4x200ml Co-Danthrusate suspension (Normax susp) (exp 6/97), buyer collects. Tel: 0181 4284333.

TRADE LESS 50%+VAT+POSTAGE - 5 Asacol foam enema (exp 8/96), Manerix 150mg 1x30 (exp 3/2000). Tel: 0151 525 2718.

TRADE LESS 40%+VAT+POSTAGE - 12x56 Fenbuten 450mg tabs. Tel: 01656 772443.

TRADE LESS 25%+VAT+POSTAGE - 2x10 Allewyn dressings 20cmx20cm (exp 3/99), 4x7 Diflucan caps 50mg (exp 1/01). Tel: 0151 722 4221

TRADE LESS 30%+VAT - 90 Disopyramide 150mg (exp 11/96), 100 Lopid (exp 7/96). Full list on 01702 715485.

TRADE LESS 20%+VAT - 7x56 Lammucal 50, 3x28 Carace 20mg, 6x300 Lioresal, 3x300 Tenormin syrup, 2x28 Corgard 80mg. Tel: 01753 883481

TRADE LESS 25%+VAT - Cipramil 20mg tabs, Combivent inh, Nalcron caps, Cyclogest 100mg supps, Ventodisk 400mg (split), Ponderax PA caps, Froben 100mg caps, Lescol (split). Tel: 01766 830457

TRADE LESS 30%+VAT+POSTAGE - 64 Propylthiouracil 50mg (exp 10/96), 112 Semi-daonil (2/97), 140 Daonil (exp 9/97), 400 Chlorpropamide 100 (exp 1/97), 47 Madopar 250 (exp 10/97). Tel: 01702 203241

TRADE LESS 30%+VAT - 22 Rofecopin amps 1g (exp 1/98), 3x10 Zofran 8mg (exp 8/97), 4x100g Dermovate cream (exp 5/97), 4x10 Actisorb plus 10.5cm (exp 4/2000), 1x10 Hollister 1484. Tel: 0181 670 6863.

TRADE LESS 25%+VAT - 200 Asendis 100mg, 84 Eucardic 12.5mg 112 Eucardic 235mg, 100 Loron 520mg tabs, 28 Acezide tabs, 112 Cardene SR45 caps (exp 10/96), 98 Sorbid SA caps, Sandostatin 100mcg/1ml 8x5 at 20%. Tel: 01502 572603.

FOR SALE

C C TV - \$450, C D cabinet \$85, brass lamps for fascia \$30 each, illuminated fascia 32x174i \$50, Martindale 30th excellent condition \$75, revolving stands, tills, ear piercing machine etc. Tel: 0131 989 0070.

SHOPFITTINGS - Due to relocation Approx 60ft linear footage for front shop, 15ft linear for dispensary and sliding shelves unit. Also, Park PMR system, Version 6 complete including monitor and printer \$500 ono. Tel: 0121 777 2906.

MARTINDALE - 30th Edition, as new,

hardly used. \$60 post free. Tel: 01582 23262.

KIRBY LESTER - K18 tablet counter, good working condition. Tel: 01245 264252.

HONDA CIVIC 1.4i - Nearly new, 2,300 miles, metallic turquoise, N Reg, 3 months old \$10,800 (list price \$11,960). Tel: 01245 264252.

MINILAB - Noritsu 1501 2 years old, prints up to 10 films daily, up to 3ix12i enlargements. Good condition, \$25,000 or \$734 p.m for 3 years. Tel: 0181 989 0070.

WANTED

CHEMIST'S VETERINARY HANDBOOK - This Chemist & Druggist title, formerly known as Veterinary Counter Practice, was last published in the 1950s. Offers of any edition please to D W M Davidson, tel: 01250 872308 (business hours) or 01250 872640.

WANTED - Normegon and Metrodin. Tel: 01827 280647.

COMPLETE - Labelling system, in working order. Tel: 0181 693 1548

ILUBE - Eye drops. Tel: 01922 477784

medielite plc

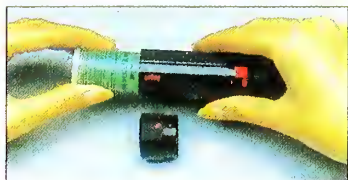
Tel: 0181 841 4144 Fax: 0181 841 8390

SPECIAL ON

BRAUN
GAS CARTRIDGES
*** EXTRA10% ***



INDEPENDENT 2000 ENERGY CELLS
BUY 80 CELLS GET 8 CELLS FREE



NEW STYLE N GO GAS CARTRIDGE (MINI ENERGY)
BUY 50 MINI CELLS GET 5 MINI CELLS FREE
MEDIELITE=PROFIT PLUS

**The Power
of Multiples...
...the Privilege
of Independence**

NEW FIRST GENERIC FROM NUCARE/SIGMA

Xylometazoline Nose Drops 10 ml
0.05% Paediatric
0.1% Adult
Trade Price £1.07
Offer Price 85p

Wish to become a member?
Please contact us Today.

Nucare plc

447 Kenton Road
Harrow
Middlesex HA3 0XY
Tel: 0181-732 2772
Fax: 0181-732 2774

Nucare

CASH REGISTERS



SAFES — BUY DIRECT — PRICE GUNS
TEC, CASIO, SAMSUNG, FUJITSU, SHARP, ELITE
BEST POSSIBLE PRICES FROM £99.95 + VAT
REPLACEMENT LAMPS, LV DISPLAY LIGHTING
IMMEDIATE DELIVERY



LOTTERY CASH DRAWERS FORGED NOTE DETECTORS
LO-COST SHOP CCTV - WASTE DISPOSAL UNITS

ORDERS FREE 0800 716071
Enquiries 01872 262228. Fax: 262248

G.I.G.B. ELECTRONICS

MDS HEAT SEALER REQUIRED

for Manrex Nursing Home dispensing.
Will collect. Price by agreement.

Please contact Mr Cooper on:

01642 485651

BUSINESSlink

A FREE Service for Chemist & Druggist Subscribers

Free entries in "Business Link" (maximum 30 words) are restricted to community pharmacist subscribers to *Chemist & Druggist*. No trade advertisements will be permitted. Acceptance is at the discretion of the Publishers and depends upon space being available. Send proposed wording to "Business Link" using the form printed alongside.

To: Business Link, CHEMIST & DRUGGIST, Miller Freeman House, Sovereign Way, Tonbridge, Kent TN9 1RW.

PLEASE COMPLETE IN BLOCK CAPITALS

Surname

First names

Address

Postcode

Personal RPSGB Registration number

Telephone Number

Proposed advertisement copy (maximum 30 words)

.....
.....
.....
.....
.....

PRODUCTS AND SERVICES

+ CAMRx +

FOCUSING ON THE FUTURE
PERSONAL AND VALUABLE
SERVICE AT ALL TIMES

**JOIN THE GROWING BAND
OF PEOPLE WHO INCREASE
THEIR PROFITS BY £££££'s**

1. A vital invaluable formidable negotiating base will pack a real punch.
2. Group **BUYING POWER** adds pounds to your pocket.
3. Our negotiating skills, contacts and know how will bring you extra savings from numerous companies.

COULD REVOLUTIONISE YOUR BUSINESS

54/62 Silver Street, Whitwick, Leicestershire LE67 3ET
TEL: 01530 510520 FAX: 01530 811590

RING FOR DETAILS ON
FREEPHONE 0800 526074

NOW YOU'VE SEEN IT!



You too can be OUT ON TOP by selling this very useful multi-purpose terry-towelling turban which no doubt you've been asked for many times by Chemotherapy patients or even those people who just want something to wear in the bath or shower, while swimming or sun-bathing.

Already being sold very successfully by many Chemists and Druggists, now available at a very competitive wholesale price.

Please telephone August Designs on 01652 659956 or FAX 01652 652495 for details and quotation. Fast, efficient service.

SHOPFITTINGS

the key to
solve your pharmacy

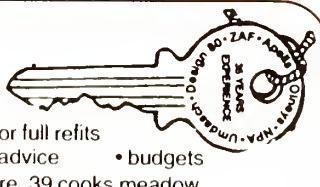
shopfitting problems

- comprehensive service
- part or full refits
- competitive quotations
- free advice
- budgets

write/telephone: frederick moore, 39 cooks meadow
edlesborough, beds lu6 2rp ☎ 01525 222526

name & address _____

label _____



SHOPFITTINGS

RICKMANS PHARMACY
Forest Hill · London



SDC

THE
COMPLETE
SHOPFITTER

TEL 01934 418944
FAX 01934 412898

CREATING THE RIGHT IMAGE
AT THE RIGHT PRICE!

9 Lynx Crescent, Weston Ind Est., Weston-super-Mare BS24 9DJ

Martex
SHOPFITTING

FROM LOW COST PERIMETER SHELVING TO
UPMARKET PERFUMERY SHOWCASES TRADITIONAL
OR CONTINENTAL DISPENSARIES

CONTACT **MARTIN BAGG** FOR A COMPLETE
SHOPFITTING SERVICE FOR THE PHARMACIST

01392-216606

WOODSTYLE
SHOPFITTING AND DESIGN

**SPECIALISTS IN RETAIL PHARMACY
AND DISPENSARY SHOPFITTING**

APPROVED BY THE N.P.A.
CALL NOW FOR DETAILS

Edison Road, St Ives Industrial Estate, St Ives
Huntingdon, Cambs PE17 4LF

Telephone: 01480 494262 Fax: 01480 495826

STOCK WANTED



CHEMIST - WANTED - PHARMACY

Surplus Coloured Glass Bottles and Jars Wanted.
Black Glass Jars. Drug Jars - Blue or Green.
Blue Castor Oils. Coloured Soda Syphons.
"Admiralty" Square Blue Poisons. Spare Stoppers.
Common Blue "Not to be taken" Poisons - All shapes.
Mixed Assortments of Surplus Bottles as above.

Contact: **Eric Padfield**,
18 Mulberry Gardens, Sherborne, Dorset.
Tel: 01935 816073 Fax: 01935 814181

WANTED

Old chemist shop fittings, drug runs, bow
cabinets etc.

Complete shop interiors purchased. We try
hardest, travel furthest, pay more.

Telephone 01327 349249 days.
01327 341192 Eves. Fax: 01327 349397

ABOUT people

Playing in black and white

A play entitled 'Monochrome Days' is to premiere in next month's Cambridge Grass Roots 2 new writing festival.

Before the reader asks whether *C&D* is planning an arts and entertainments page, we mention it because it is a pharmacist who is responsible for writing the play.

Kate Sweeney, a locum based outside Cambridge, began her foray in the arts by writing short stories. However, she switched to playwriting when she realised her stories were principally dialogue. She has already had one of her plays presented at the Theatre Museum, London



Cambridge locum Kate Sweeney has made a definite change in her script writing ...

(*C&D* September 23, 1995, p450).

This play, Ms Sweeney's fourth, looks at a family who live an eccentric life-style based on the old black and white movies. A couple of outsiders are entranced by this vision of a seemingly perfect life and attempt to join in the fantasy. They soon begin to ask if there was ever such a thing as a normal, happy family.

An open rehearsal will be held on July 22, with the play running from July 23-27. Tickets are available from the Cambridge Drama centre (01223 322748), the Arts Box Office or the Corn Exchange.

Racing against time for the environment

Cycling 700km may not be everyone's idea of fun, even if some of it is downhill.

But for two pharmacists the daunting task will be made somewhat easier by the thought that they will be raising money for the environment.

Vijay Bhatia and Suresh Patel will be spending October riding from the Himalayas to Vrindavan

in north India in the 1996 Yamona Cycle Expedition to raise funds to restore the environment around Vrindavan.

The area has come under severe threat of damage due to deforestation, pollution and over-development, even though the town is one of the holiest places of pilgrimage in India.

The two cyclists are hoping to

raise over \$4,000 through their efforts and would be grateful for donations. Cheques, made payable to 'Friends of Vrindavan', can be sent to Mr Bhatia at 21 Bluebell Drive, Outwoods, Loughborough, Leicestershire LE11 3LE. Further information can be obtained from the Friends of Vrindavan on 0116 2856675.

Drive-thru visitor from Finland

Britain's, and possibly Europe's, first drive-thru pharmacy played host to a Scandinavian delegation last month.



Jari Kokkonen (left) discusses the drive-thru with Gurd Chahal

Jari Kokkonen, vice president of the largest pharmacy chain in Finland, called the University Pharmacy, visited the Duran pharmacy in Norton Canes, Staffordshire, to see for himself how a drive-thru pharmacy can operate.

Mr Kokkonen made a one-day round trip from Finland especially to visit the pharmacy, which he had read about in a sports magazine.

Pharmacy owner Gurd Chahal is very pleased with the international attention that the pharmacy is achieving. He says Mr Kokkonen "went away extremely excited" with a number of ideas on how to convert one of the 16 University Pharmacy branches into a drive-thru.



Katrina Garbutt of Plenderleith Pharmacy in Stockton on Tees is a recent recipient of the National Pharmaceutical Association's assistants training manual task sheet award. She was presented with a training manual certificate and a £20 Marks & Spencer voucher, courtesy of sponsor Hoechst Roussel, by NPA Board member Neil Chapman. Also pictured is pharmacist Alastair Plenderleith

APPOINTMENTS

Chris Tobin, head of Bayer's pharmaceutical and healthcare business in the UK, has been elected to the board of the Association of British Pharmaceutical Industry. **Linda Kelly** of Astra Pharmaceuticals has also been appointed.

Iain Jack has been made territory manager for the south west of England for pharmaceutical wholesaler Graham Tatford & Co.

The new executive of the Society of Cosmetic Scientists has been announced. **Anthony Dweck** has been elected president, **Hazel Pool** is vice president, **Chris Nichols** is honorary secretary and **Diane Metcalfe** is honorary treasurer.

David Whitehouse becomes the immediate past-president.

Laurence Ashley, **Stephen Barton** and **Rae Bonser** have been elected as council members. **Eddie Taylor** was re-elected as honorary auditor. **Geoffrey Banks** was elected an honorary member for his past work for the Society, especially on the International Journal Committee.

Michael Moore is stepping down as secretary of Kent Local Pharmaceutical Committee after ten years. The new secretary is to be **Stuart J McMillan** of 1 Marigold Way, Shirley Oaks Village, Croydon, Surrey CR0 8YB, tel: 0181 655 0010.

A New look Chemex... A New home... and a New era

Chemex '96 is a bigger better show. Two floors of Olympia dedicated to pharmacy products, to beauty and healthcare, to current topics and to help you maximise your business potential... two floors which will provide you with:

The New NPA Village

An arena where existing and potential members, may see and hear what their trade association is doing. A place where you can have your say and to seek advice on current issues.

The New International Pavilion

Major international companies will be showing you what is new and what will be arriving on the domestic market in the near future.

The New Demonstration Land

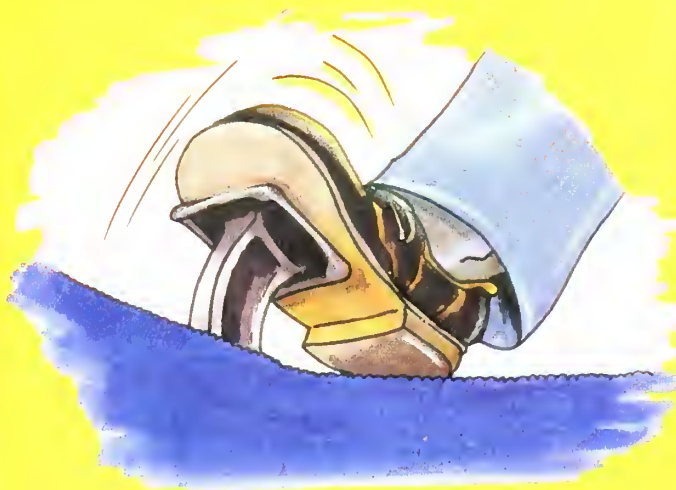
A new concept to provide all visitors with an opportunity to see exciting new products and services in action and a chance for you to test the best before you buy.

New Seminars and Workshops

Propose built theatres will be the platform for a series of provoking and serious discussions which relate to your business, your profits, and how to generate new growth without compromise. What to do, how to do it, and how to monitor the results. Subjects on the draft programme include:

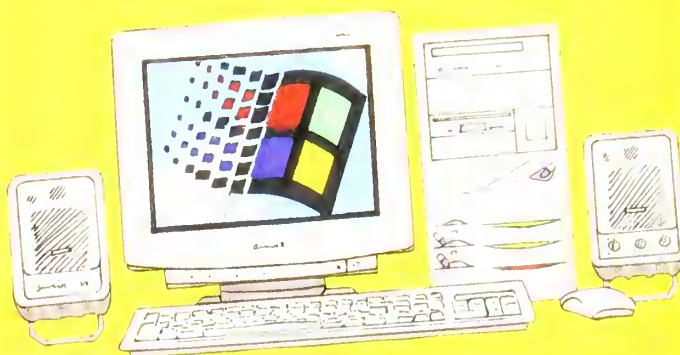
- Security
- Original Pack Dispensing
- Alternative Therapies
- David and Goliath... how to work in harmony in the face of competition from the multiples
- Will IT work?... Computing and its role in the pharmacy
- What's new - and will what's new make profit

No hard drive to Chemex...



...but you could win a 2Gb hard drive at Chemex this year*.

*Complete with a state of the art Pentium 120 Multimedia PC, 16mb EDO RAM, Eight speed CD-ROM, 15" SVGA colour monitor, keyboard, sound card with speakers and Windows 95, to boot.



WORTH OVER £1400

The New Visitors Voucher Book

An exciting new concept. Every registered visitor to Chemex '96 will receive a voucher book bursting with special offers and promotions. So you know where the best deals and the best incentives are before you even enter the exhibition hall.

Stunning New Promotions

Early indications show that a number of companies are supporting the biggest and most spectacular prizes ever seen at Chemex... so if you wish to increase your chances of winning... register now.

The New Trade Show

Every floor will be bustling with activity and this year's exhibition bookings would indicate that the recession is dead. Hundreds of exhibitors all eager to keep you abreast of the latest developments... and gossip! Special offers, exclusive to Chemex '96, will be the common theme.

New Venue

Olympia 2 welcomes Chemex '96 to its new improved facilities. Olympia 2 has all the advantages you would expect from an international exhibition centre, convenient to all mainline railway stations as well as having its own tube station. Olympia 2 also features parking for up to 2100 cars, so you will be assured of easy and convenient access.

New Registration

Competition - win a Multimedia Pro 120 PC

When you pre-register you will receive the opportunity to win, for your business, a state of the art Pentium 120 Multimedia PC complete with 16mb EDO RAM, 2 Gb hard drive, Eight speed CD-ROM, 15" SVGA colour monitor, keyboard, sound card with speakers and Windows 95, to boot! Every pre-registered visitor will be entered into our free to enter draw. The winner will be advised of their success at Chemex '96. In addition all visitors who pre-register will receive a complimentary free gift pack of TRU-ALO, with a retail value of £23.25. Your gift pack will include Soothing Gel, Moisturiser, Moisturiser with Vitamin E, Antiseptic Cream and Liniment.

CHEMEX '96
The UK show for pharmacists/
pharmacy buyers.

Sponsored by
**CHEMIST &
DRUGGIST**

Miller Freeman
All used names & logos are copyright

Miller Freeman Exhibitions Ltd
Marlowe House, 109 Station Road,
Sidcup, Kent DA15 7ET
Internet: www.mf-exhibitions.co.uk

Supported by



REGISTRATION HOTLINE
01304 614644
PRE-REGISTER NOW
TO RECEIVE YOUR
FREE GIFTS

Get a **2ND** bite of the cherry!

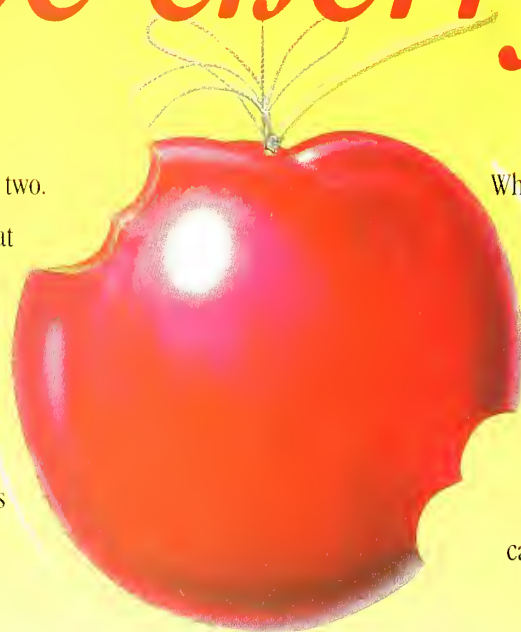
Here's a great way to turn one sale into two.

Use the eye-catching POS package that Kodak have developed especially to promote the 2nd Set purchasing opportunity to your customers.

Research shows that displaying this POS could increase your 2nd Set orders by up to 50%.*

Which means increased sales and increased profits, with the minimum of effort!

It's one more example of how Kodak work twice as hard to help D&P retailers build business. Get your teeth into this fruitful opportunity now, and order your 2nd Set promotional material, by calling **0800 252858** now.



Badges

Poster



Window Vinyl



Showcard



POS is available only to photo retailers and minilabs who offer photo processing on KODAK paper. Much of the POS shown is also available to qualifying retailers, with the Prints by Kodak logo or Kodak Express logo. Please call the above number for more details.

*Source: Trade Research